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ABSTRACT

The training manual defines the police role in investigation and intervention in child abuse cases. Information is categorized according to the following seven topic areas (subtopics in parentheses): defining child abuse and neglect (physical and behavioral indicators), legal aspects (trends in reporting laws and major points in state reporting laws), the investigation process (types of police contacts and strategies and issues in interviewing the child), police disposition of cases (referral to community agencies, arrests, referral for prosecution), and the relationship between police and social service workers. A final chapter describes resources for the trainer, including audiovisual aids, organization, and a comparison of state statutes. (CL)

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THE POLICE PERSPECTIVE IN CHILD ABUSE AND NEGLECT

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THE POLICE PERSPECTIVE IN CHILD ABUSE AND NEGLECT

The majority of information contained herein has been reprinted from the U.S. Department of Health, Education and Welfare's We Can Help series which includes identification, reporting, referral and case management of child abuse and neglect. In addition, certain portions of this manual have been excerpted from Child Abuse--A Current Study (1977), by the Metropolitan Washington Council of Governments, and The Problem of the Abused and Neglected Child (1976), by the California Department of Justice.

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IACP, September 1977

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PREFACE

Police are "peace officers" with a 24-hour, 7-day peace-keeping role. Keeping the peace involves law enforcement and prevention of law violation. Determining whether law enforcement or law violation prevention is appropriate requires a diagnosis of the problem discovered--in this case, suspected child abuse and neglect. When a police officer discovers an injured child, he[1] is performing a case-finding and initial screening function which is unique. As part of the normal police role, he is necessarily filling a primary "protective service" function in early detection of child injury and suspected abuse. The issue is not whether the police perform this role, but how and under what circumstances.

The Police Perspective in Child Abuse and Neglect is a trainers' manual which has been developed to acquaint the reader with various aspects of child abuse, to define the police role, and to provide guidance as to when and how to successfully take action. Included in this manual you will find information on:

- Scope and definition of the problem
- Criteria for suspecting child abuse and neglect
- Legal aspects of child abuse
- Purposes of child abuse investigations
- Role of the police in the investigation of abuse
- Alternative methods for handling the investigation
- Procedures for the removal of a child
- Criminal prosecution of abusers
- Multidisciplinary approach to child abuse

In the manual, emphasis is given to the concept of joint responsibility and need for cooperation between the police and other professionals. Increasingly, police officer and social worker are working together, and in many communities the traditional strain between the two is being replaced by mutual respect as each comes to understand the other's role in child abuse and neglect management. Working together, police officer and social worker can be an effective means of protecting children and helping families.

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[1]For ease of reading, when referring to individuals, the pronoun "he" will be used rather than the "he/she" or "he or she" forms. This is not intended to indicate a predominance of males as abusing parents, abused children, or members of the law enforcement or other professions, but rather as a convention to simplify style.

I. INTRODUCTION

Over 60,000 cases of suspected child abuse and neglect were reported in the United States in 1973, the year that Congress held hearings on the Child Abuse Prevention and Treatment Act finally adopted in 1974. This figure is a considerable increase over the 6,000 cases reported in 1967, but is still only the tip of the iceberg of actual abuse and neglect. It has been estimated that 10-100 times as many incidents can be classified as child abuse as defined under the law, but are not reported for a number of reasons, ranging from inability to recognize the difference between accidental injury and abuse to apathy or a desire to remain uninvolved. As many as 50 percent of the children involved in abuse cases reported to the authorities have sustained or will sustain some form of permanent physical injury, and almost all will have mental and psychological problems. At least 20 percent of all children identified as abused will be seriously abused within the next year if allowed to remain in the home in the absence of treatment for the abuser[1]. In terms of the actual number of incidents of child abuse occurring annually in the United States, only widely-varying estimates are available, and incidents of parental neglect, verbal and psychological abuse may be occurring at epidemic rates. Any disease that killed, maimed and caused as much suffering as does child abuse would bring on a unified effort to identify, innoculate and cure. But child abuse has only recently been studied as a wide-spread phenomenon in society. Very few studies of child abuse - its incidence, characteristics of abusers, of the effects of prevention-rehabilitation programs - have been undertaken until recently. Therefore, data has been largely unavailable.

Not until 1961, did Dr. C. Henry Kempe coin the phrase "Battered Child Syndrome" in an article in the Journal of the American Medical Association,[2] and not until the mid 1960's did the issue of child abuse begin to lose its image as separate incidents of cruelty by psychotic individuals and begin to be viewed as a national problem of far-reaching dimensions. Well-known professionals began to address the subject to the public with statements such as the following:

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[1]Findings of Dr. C. Henry Kempe, Department of Pediatrics, University of Colorado School of Medicine, Denver, and Director of the National Center for Prevention and Treatment of Child Abuse and Neglect as reported in the Senate Hearings on the Child Abuse Prevention and Treatment Act of 1974 (Subcommittee on Children and Youth of the Committee on Labor and Public Welfare), 93rd Congress, 1st Session (S.1191), March 16, 27, 31, April 24, 1973.
More recent statistics indicate an upward incidence of child abuse and neglect to over one million reported cases, with two thousand deaths due to suspected abuse or neglect.

[2]Kempe, Dr. C. Henry, et. al., "The Battered Child Syndrome." JAMA 181:17-14, 1962.

> It is a tragic commentary on the mental and moral health of our nation that the most common cause of children's deaths today is physical abuse of children by their own parents.[1]

Additionally, it was finally recognized that for every child fatally abused, many more were permanently maimed or disfigured and many hundreds more were damaged emotionally and psychologically. The death rate among physically-abused children is approximately three to four percent and the rate of permanent injury is approximately 25 to 30 percent unless treatment is initiated quickly.[2]

WHO ARE THE CHILD ABUSERS?

Child abuse, contrary to popular belief, occurs in all cultural, ethnic, occupational and socio-economic groups. There is a proportionately higher incidence of abuse reported in minority and low income families, but it is also true these families have more contact with agencies who have legal reporting responsibilities (welfare, public health clinics). In addition, the stress factors in these families are higher.

The number of child abusers who are psychotic and psychopathic is small. Studies indicate a variety of factors are associated with child abuse, many of which apply to and characterize the general population.

Frequently, abusing parents themselves experienced deficient childhoods. These parents use on their children the same destructive techniques that their parents practiced on them. Without intervention, these patterns are transmitted for generations.

Abusing parents often reverse roles with their children which means these parents expect and demand love and care from their offspring, but have difficulty in providing the emotional necessities for their children. These parents are either suffering from their own childhoods, or are simply lacking in understanding the needs and capabilities of children.

Abusing parents and caretakers are often experiencing deep marital or emotional conflicts. They have frequently been described as being immature, incompetent, anxious, depressed, untrusting, unreliable, hostile and volatile. The abuse of alcohol and drugs is common. Poor self-image and lack of self-confidence describes the majority of child abusers.

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[1]Fontana, Dr. Vincent J., The Maltreated Child. Springfield: Charles C. Thomas Publishing Co., 1964, p. vii.

[2]"Why Most Physicians Don't Get Involved In Child Abuse and What to Do About It." Children Today, May-June 1975, p. 30.

Recent studies have shown that a mother who has little or no contact with her infant immediately after birth is more likely to abuse or neglect that child. Therefore, children born prematurely, sickly, or by caesarean section run a greater risk of being mistreated as the early bonding between mother and child is disturbed by prolonged separation due to either the child's or mother's hospitalization. Also a child born with defects or disfigurements is often singled out for emotional or physical abuse.

Child abuse has also been related to the decline of the extended family. An extended family is best described as a situation in which a sizable number of immediate relatives reside in the same household or in proximity and are readily available in times of need. In the nuclear family, generally consisting of mother, father and child, there are fewer sympathetic ears listening to one's frustrations and fewer potential babysitters or persons assisting the mother with childrearing. Mobility and the degree of transiency in the nuclear family also means parents have fewer close friends upon whom to depend. Abusing families have a tendency towards social and emotional isolation.

Child abuse is seldom the result of any single factor. Rather, it is a combination of circumstances, as well as personaltiy types, which precipitate acts of child abuse. When a parent or caretaker is under emotional or environmental stress such as marital problems or joblessness; when he has a predisposition towards mistreatment, perhaps as a mistreated child himself, or one who believes in corporal punishment; when the child happens to trigger his contempt or resentment; and when the parent or caretaker has no other outlet for tension, anger or aggression, abuse usually occurs.

While childrearing has traditionally been a private, family matter, the growing awareness of the incidence and degree of child mistreatment is altering the public's attitude toward childrearing. The increasing concern that children must be protected from harm regardless of the origins has led to the enactment of legislation providing methods of coping with the problem of child abuse. The rights of a child to enjoy a healthy, satisfying life is now being granted equal status with parental rights.

II. DEFINING CHILD ABUSE AND NEGLECT

The law enforcement officer investigating a report of suspected child abuse or neglect may have difficulty in determining whether or not the situation actually constitutes abuse or neglect. As in all other police situations, the investigating officer will have to use discretion in deciding whether there are grounds for intervention and, if so, what the appropriate response should be.

Child abuse and neglect are terms used to characterize behavior toward children by parents or other caretakers that is considered unacceptably harmful to the child. In our society, it is considered natural and acceptable for parents and others to set standards for children's behavior and to discipline children when they violate these standards. Specifically, people most agree that parents should have the legal right to use some corporal punishment in disciplining the child. But when does corporal punishment become abuse? When is a spanking so severe that the community needs to intervene? At times, the dividing line between acceptable and unacceptable parental behavior is not clear. In addition, it is not easy to judge the quality of family emotional relationships since each cultural, ethnic, racial and economic group has its own style of interacting with children.

Cultural differences among geographical areas in the United States also account for differences in interpretation, definition, and reporting of abuse. In some areas, use of the "hickory stick," "switch" or other instrument used to inflict pain on children is thoroughly assimilated into the subculture and folklore. In others, it is not. Thus, what may be considered abuse in the cities of one state may not be in the rural areas of the state, and vice versa.

Assessing family emotional relationships is a critical aspect of child abuse investigating procedures. When observing a family, it is important to be fully aware of one's personal biases and preconceptions, and to be able to differentiate between practices of childrearing which are truly harmful to children and practices which merely reflect different lifestyles.

A workable definition of child abuse is:

> ...any act of omission or commission that endangers or impairs a child's physical or emotional health and development.

This includes:

- Physical Assault
- Corporal Punishment
- Physical Neglect or Inadequate Supervision
- Sexual Exploitation
- Emotional Maltreatment

The occurrence of suspicious injury, rather than the degree, is the determinant for intervention. A parent or caretaker may begin by inflicting minor injuries and go on to cause more serious harm over a period of time. Therefore, detecting initially inflicted small injuries and intervening with preventive action may save a child from future permanent injury or death.[1]

PHYSICAL ASSAULT AND CORPORAL PUNISHMENT

The most common cause of inflicted physical injury is overpunishment, which occurs when corporal punishment is unreasonably severe. This usually happens when the parent is extremely agitated or angry and either throws or strikes the child too hard or continues to beat him.

The combination of physical punishment and rage can be deadly. In addition, many experts agree that it is not an effective discipline technique. Rather than deterring a child from future negative behavior, the use of corporal punishment teaches him to resolve conflicts violently--to use physical power rather than reason to obtain results or express anger.

Intentional, deliberate assault such as burning, biting, cutting, poking, twisting limbs or otherwise torturing a child is also included in this category of child abuse. The physical and behavior indicators listed below can help the officer in deciding whether abuse may have occurred.[2]

Physical Indicators

- injuries on several surface areas of body (indicates child has been hit from different directions)
- injuries in different stages of healing (i.e., different colored bruises)
- wrap-around injuries (from flexible objects such as strap, belt, cord)
- imprint of object on skin (belt buckle, hose coupling, hand, spoon)
- injuries under clothing (school-age children especially)
- injuries located mostly on head or face (possibility of brain or eye damage)
- burns: cigarette or cigar, glove or sock-like appearance (from immersion in hot liquid), donut shape on buttocks (held down in hot liquid), pointed or deeper in middle (hot liquid poured on), shape of object (poker, heater, grill, utensil)
- abdominal injuries: constant vomiting, abdominal swelling or localized tenderness (such injuries can be suspected when the child makes an outcry when picked up or held in adult arms)

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[1] Suggested study aid: Filmstrip A, "Physical Indicators of Abuse - Signs of Alert" (See Chapter VII).

[2] When trying to determine if abuse has occurred in connection with death, the possibility of "Sudden Infant Death Syndrome" (SIDS) should be considered. See Chapter VII for a discussion of SIDS.

Behavioral Indicators[1]

- child generally fearful of adults, non-spontaneous, refuses to speak in front of parents
- or, conversely, child overly eager to please adults when asked to perform menial tasks
- parents unable to explain injury, explanation unlikely, discrepancies in explanation, blame placed on third party, explanation inconsistent with medical diagnosis
- parents bring child to medical facility for unneeded treatment
- verbal threats against life of a child made by parents

PHYSICAL NEGLECT

Physical neglect is the failure of a parent or caretaker to provide a child with adequate food, shelter, clothing, protection, supervision, and medical and dental care.[2]

Physical neglect is "suspected" if the following conditions exist:

- Abandonment--leaving a child unattended or inadequately supervised for excessively long periods of time. An example of abandonment would be a situation in which parents or other caretakers leave a young infant in a car while they attend a movie; where parents leave children at home alone for long periods; or where parents totally abandon or desert a child.

- Lack of Supervision--a failure of the parent to account adequately for a child's actions and whereabouts. An example of lack of supervision would be a case in which a very young child wanders into the street, or where children accidentally ingest poisonous substances.

- Nutritional Neglect--both a failure of the character to provide sufficient quantities of food, and a failure to provide acceptable quality of diet (i.e., appropriate nutrients). An example of nutritional neglect would be a case where a parent provides so little food to a child that it suffers malnutrition.

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[1]Suggested study aid: Filmstrip B, "Physical Indicators of Abuse - What Behavior Can Tell Us." (See Chapter VII).

[2]Suggested study aid: Filmstrip C, "Indicators of Neglect: Before It's Too Late" (See Chapter VII).

- Medical and Dental Neglect--a failure of the caretaker to recognize medical and dental problems or obtain appropriate treatment. An example of medical neglect would be a case where a caretaker fails to obtain eyeglasses for a badly cross-eyed child after repeatedly having been informed by school officials that the child has poor eyesight and needs glasses.

- Educational Neglect--a failure to provide for a child's educational development. An example of educational neglect would be a situation in which a caretaker refuses to permit a child to attend school and makes no other provision for the child's education.

- Inappropriate or Insufficient Clothing--a failure to provide minimum quantity and quality of clothing to a child. An example of clothing neglect would be a situation in which a child has clothes which are unwashed and torn or clothing inadequate to protect the child from cold and rain.

- Shelter Neglect--a failure of the caretaker to provide basic minimum standards of adequate shelter (i.e., space, heat, indoor plumbing, electricity, structural adequacy and sanitation). An example of shelter neglect would be a case where a child's home is inadequately heated, unsanitary and unsafe due to exposed electrical wires or extreme filth.

- Emotional Neglect--both a failure of the caretaker to provide appropriately for the developmental needs of the child, and a failure of the caretaker to provide consistency and continuity in the care of the child. An example of emotional neglect is a situation in which a child is fed adequately, but is never held or cuddled or provided with the kinds of stimulation and nurturance that children need to develop normally.

- Moral Neglect--a failure of the caretaker to provide clear expectations to the child regarding ethical and moral issues or where a caretaker exposes the child to immoral influences or exploitation. An example of moral neglect would be a case where a caretaker condones and encourages stealing on the part of the child.

- Demoralizing Circumstances--conditions in the home life due to the occurrence of one or more of the following circumstances:

  - Excessive drinking
  - Addiction to drugs
  - Criminal environment
  - Serious mental retardation of parents
  - Prostitution

SEXUAL ABUSE (Assault, Battery, Incest)

The sexual mistreatment of children may take several forms, and is the least talked-about type of child abuse. Children may be abused through rape, incest or molestation. Sexual exploitation may also occur in cases of child prostitution or child pornography.

Incest may be the most common form of sexual abuse. It occurs to infants and children of all ages, and more frequently to girls. In many instances the mother is aware that sexual activity is taking place.

Factors which sustain an incestuous family[1]

"Although conviction rates for the crime of incest have always been low...there is reason to believe that the conviction statistics reveal only a fraction of the occurrence of incestuous relations..." *Incest: A Selective Review of the Literature.* Irving Benoist.

Incest usually has taken place over a long period of time, from six months to several years. According to one study, fathers confronted with detection frequently deny the incest or if they admit it, attempt to minimize their guilt, and often express surprise that incest is punishable by law. They frequently insist that they have done nothing wrong; some fathers believe sexual access to be one of their parental rights.

Direct discovery of incestuous relationships within a family are not common. Whatever meager discoveries made occur principally through secondary causes:

A. The daughter has become pregnant.
B. She becomes a runaway.
C. Alcoholism of father.
D. Report of rape.
E. Family argument.
F. Suicide or attempt, usually by victim.
G. Homicide or attempt, usually by victim.

When a case of sexual abuse is investigated, a medical examination may provide critical evidence, such as:

- urogenital or anal injuries
- urogenital or anal pain or irritation
- semen (oral, rectal, vaginal)
- venereal disease (oral, rectal, urogenital)

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[1]Portions reprinted with permission of Neighborhood Involvement Program (NIP) Rape Counseling Center, Minneapolis, Minnesota. This and other helpful material appears in Sexual Assault: A Statewide Problem, Eileen Keller (Ed.), Minnesota Program for Victims of Sexual Abuse.

EMOTIONAL MALTREATMENT

Emotional maltreatment may take the form of deprivation or assault. The Child Welfare League Standards define emotional deprivation as "the deprivation suffered by children when their parents do not provide the normal experiences producing feelings of being loved, wanted, secure and worthy."

When parents ignore their children, whether because of drug or alcohol use, their own personal problems, or preoccupation with outside activities, serious consequences may occur.

For normal development, children need emotional involvement from their parents as much as they need proper nutrition. Infants who do not experience affection have been known not to survive in spite of their physical needs being met.

Emotional deprivation is one of the most difficult types of abuse to detect and is perhaps the most tragic. It is the conclusion of many experts that, while physical abuse may produce violent criminals, emotional starvation has also been correlated with delinquent behavior in adolescents and criminal behavior in adults.

Emotional deprivation may be suspected if the following are observed:

- child refuses to eat or eats little, and is very frail
- child not thriving in general
- anti-social behavior (aggression, disruption)
- delinquent behavior (druge abuse, vandalism)
- excessively seeks-out and "pesters" other adults (teachers, neighbors) for attention and affection

Emotional deprivation may result if:

- parents show no interest in child's activities
- parents express neither warmth nor anger

Just as physical injuries can scar and incapacitate a child, emotional assault, or cruelty, can similarly cripple and handicap a child emotionally, behaviorally and intellectually. Severe psychological disorders such as psychoses, schizophrenias and vegetative disorders have been traced to excessively distorted parental attitudes and behavior coupled with genetic predisposition for psychosis. Less serious emotional and behavioral problems are very common among children whose parents abuse them emotionally.

Excessive verbal assaults (belittling, blaming, sarcasm), unpredictable responses (inconsistency), continual negative moods, constant family discord, and double-message communication are examples of ways parents may inflict emotional abuse.

Emotional assault is suspected if:

- child is very withdrawn, depressed and apathetic
- child "acts out", is considered a "behavior problem"
- child conforms rigidly to instructions (of teachers, adults)
- child displays other signs of emotional turmoil (repetitive, rythmic movements; inordinate attention to details; no verbal or physical communication with others)

Emotional assaults may result if:

- parents make unreasonable or impossible demands on child
- parents use child as their "battle ground" for marital conflicts.

III. LEGAL ASPECTS OF CHILD ABUSE AND NEGLECT

CHILD ABUSE AND NEGLECT REPORTING STATUTES

Reporting statutes are laws that require specified categories of people (usually professionals who work with children) to notify public authorities of instances of suspected child abuse, and sometimes of neglect. All 50 states now have reporting statutes, but they differ with respect to:

- types of instances which must be reported
- persons who must report
- time limits for reporting
- manner of reporting (written, oral, or both)
- agencies to which reports must be made
- the degree of immunity conferred on those who report

The main purpose served by these laws are protection of children from further injury, provision of social services to families, and increased identification and investigation of suspected cases of abuse and neglect.

TRENDS IN REPORTING LAWS

The first reporting law for child abuse and neglect was passed in 1963; by 1967 all 50 states had adopted such laws. The original laws were directed primarily towards physicians and hospitals, who were failing to report cases in which the child's injuries appeared to be caused by physical abuse. Proponents of these early laws felt that the medical profession was best qualified to identify such injuries and in the best position to discover them. Now, however, most states have expanded their laws to require other professionals who work with children (including educational personnel, social workers, and police) to report suspected abuse and neglect.

Many states are amending their reporting laws at the present time. Generally, the trend of these amendments is toward:

- expanding what is reportable to include sexual abuse as well as physical abuse
- reporting to child protective services before coordination with other agencies
- improving the operations of state-wide central registries for child abuse and neglect
- establishing clear requirements for child protective investigations.[1]

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[1]Suggested study aid: Filmstrip D, "Issues in Reporting" (See Chapter VII).

MAJOR POINTS IN STATE REPORTING LAWS

Who must report?

Each state law designates certain individuals who must report cases of suspected child abuse and neglect. These individuals usually include health professionals, social service personnel, law enforcement officers and educators. Some states require any person having reason to suspect child abuse and neglect to report. Whether or not required by law, anyone who suspects child abuse or neglect should voluntarily report.

What types of abuse and neglect must be reported?

All state reporting laws specify what types of abuse and neglect must be reported. Usually, these include physical abuse, neglect, sexual abuse, and emotional maltreatment.

Every state requires "suspected" cases to be reported. It is important to remember that the reporter need not be certain that abuse or neglect is actually occurring. In most states, the requirement is for reports to be made when the reporter has reason to believe or reasonable cause to suspect that abuse or neglect may be occurring.

To whom are reports made?

The law specifies which agencies are designated to receive reports of suspected cases of child abuse and neglect. Generally, these agencies include any or all of the following: state or county department of social services, law enforcement agency, juvenile court or juvenile probation department, or county health department.

When are reports to be made?

In most states, reports are to be made immediately after concluding that abuse or neglect may exist. In some states, it is necessary to submit a written report soon after the initial oral report.

What information is to be reported?

Some state laws specify what information is to be given when making a report. In other states, the receiving agencies determine what information is required. This information usually includes at a minimum: name, age, and address of the child, present location of the child, type of injury suffered, and name and address of the parent(s) or caretaker(s), if known.

What immunity does a reporter have?

Some potential reporters, such as health professionals, are reluctant to report suspected child abuse and neglect because they fear retaliatory lawsuits if the abuse or neglect is not confirmed after investigation. However, every state's reporting law contains a provision for immunity to the reporter for all reports of suspected child abuse and neglect made in good faith. While reporting laws cannot prevent the filing of lawsuits against a reporter, they make successful litigation of such suits impossible, provided the report was in good faith. This immunity extends, in most states, to include those involved with the judicial proceeding, as well as the investigator(s) and witness(es).

What are the penalties for failing to report?

State reporting laws usually contain provisions making it a crime to knowingly fail to report suspected child abuse and neglect.

Although criminal prosecution rarely occurs for failure to report, some professionals find it easier to report if they are able to explain to the child's family that it is a crime for them not to report.

Child Abuse and Neglect Registries

In making or receiving a report for suspected child abuse, police may have access to departmental or other registries containing information about prior abuse or neglect reports. Statewide child abuse and neglect registries are useful in evaluating a suspected case of child abuse and neglect, in that such registries provide information about prior verified reports of child abuse and neglect from every county in the state. Thus, families with prior histories of abuse or neglect can be identified even if they have moved from one county to another.

Protective Custody

In some situations, there may be imminent danger to the child or children which necessitates the removal or detention of the child from the home on an emergency basis. Statutory authority for placing a child in "protective custody" is often found in the state child abuse and neglect reporting law. The types of situations calling for protective custody are discussed in the next chapter.

Legal Considerations in Sexual Abuse Cases

Because all states may not have specific laws describing sexual abuse, the trainer may want to seek legal research assistance in expanding the curriculum. The legal aspects of this topic are complex. Many forms of sexual abuse are addressed within criminal statutes.

The trainees need to be aware of the legal elements necessary to comprise each prohibited act, and familiar with the combination of actual behavior that can carry out the specific elements of an offense. They should recognize that penetration is difficult to prove in many instances; however, other statutes may be applicable to fondling or other foreplay behaviors. Thus, as an example, in California incest requires penetration to be established, but if the act occurred with a child under the age of 14 years, P.C. 288 (lewd and lascivious conduct...) could be employed without having to prove penetration. The ability to perceive alternative approaches to the utilization of the statutes is important in sex investigations.

IV. THE INVESTIGATION PROCESS

Investigation is one part of the police role in dealing with child abuse and neglect that is being addressed in this curriculum. The previous chapter addressed the first official involvement of professionals in the lives of a family which may or may not have an abuse or neglect problem. Investigation is the second step of involvement and is the direct consequence of filing a report. In order to determine the validity of a report, an investigation, no matter how brief, must be conducted. Investigation is a key part of the overall process because the information obtained during the investigation to a large extent determines the subsequent actions or lack of actions taken in a case, eventually including the treatments or services which the family will be provided or referred to.[1]

DEFINITION AND PURPOSE OF INVESTIGATION IN CASES OF SUSPECTED CHILD ABUSE AND NEGLECT

Investigation is a fact-finding process of interviewing, observing and evidence-gathering by which a report of a case of suspected child abuse or neglect is verified. The investigation has three purposes:

1. To determine if abuse or neglect is occurring.
2. To determine whether the child is at risk in the home.
3. To determine whether the risk is serious enough to warrant immediate intervention to guarantee the child's safety.

Underlying these specific purposes is a general concern for the functioning of the entire family. Investigation of child abuse and neglect involves an authoritative intervention into the normally private relationship between parent and child. To be effective, that intervention must be sensitive to the causes of the child abuse and neglect problem and supportive of the family's right to obtain treatment for those problems.

AGENCIES MANDATED TO INVESTIGATE REPORTS

Reporting statutes of all states specify the agencies that will receive and investigate a report of suspected child abuse or neglect. The agencies most commonly mandated to investigate reports of abuse or neglect include:

- social service departments (often a child protective service)
- police departments (often a juvenile division)
- juvenile probation departments

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[1]Suggested study aid: Film B, "Investigating Reports of Child Abuse and Neglect" (See Chapter VII).

AGENCY APPROACHES TO INVESTIGATION

The approach to the investigation is determined both by the reporting law and by the overall mission of the agency performing the investigation. In most instances the investigation of reports of abuse and neglect is not the primary function the mandated agency performs, and the investigation approach and process have to conform to general agency practices as well as state law requirements. For example, the department of social services has an overall mission of providing services to families and individuals in need. Accordingly, a social worker conducting an investigation evaluates whether or not abuse or neglect exists in terms of the problems in the home and tries to determine if the agency (or others in the community) can help resolve those problems. Police departments, on the other hand, have an overall mission to determine whether or not a crime has been committed. During an investigation of suspected child abuse or neglect, a police officer will investigate whether or not abuse or neglect has occurred by finding out who rather than what is responsible for the problem and determining if legal sanctions are required to resolve the problem.

Juvenile probation departments become involved in cases to determine if court intervention is required to obtain adequate parental care for a child. During an investigation of suspected child abuse or neglect, juvenile probation officers will place priority on determining whether or not there is evidence for the court to become involved in the case. It is important to emphasize that the various investigative needs intersect regardless of the agency conducting the investigation. However, the approach to an investigation is predominantly determined by the internal mandate of the individual agency.

TYPES OF POLICE CONTACTS WITH CHILD ABUSE AND NEGLECT CASES

Case Findings

Law enforcement officers will often be the first persons to find suspected cases of child abuse and neglect. The extent and nature of police services within the community provide them the opportunity to detect abusive and neglectful families. This is particularly true where preschool children are victims, in that often no other agency is likely to see such children. Police on routine patrol assignments, or responding to certain complaints such as domestic disturbances, often enter residences while performing their duties. As a result, they are able to observe all family members, and to identify possible abuse and neglect situations.

Referrals From Others

Suspected child abuse and neglect cases may be referred or reported to police from a variety of sources, including school personnel, physicians, nurses, neighbors, relatives, probation officers and social workers. The manner in which police respond to such referrals and reports, particularly those which come from health professionals and school personnel, may affect the willingness of such persons to report suspected cases in the future. If the report is made by a private physician or comes from the local hospital, the officer should respect the protocol of the facility or physician. If the police response is seen as disruptive to the work of the hospital or physician, or insensitive to the parents and child, it may discourage their further reporting of suspected cases. Additionally, the officer should understand that medical treatment usually has a higher priority than investigation. This may force a delay in the investigation while all necessary steps are taken to place the child in protective custody, thus preventing the parents from taking the child out of the hospital or the doctor's office.

If the report is made by school authorities, the officer should respect the protocol of the school or institution and should try to minimize the disruption caused by his presence at the school. This will minimize the trauma to the child and encourage further reporting by the school personnel.

Child abuse and neglect cases often involve several types of investigations. As a result the police can become involved at a number of points in the investigative process and may have little or no control over some aspects of the investigation.

To some extent, the investigative strategies depend upon when the officers enter the case and what has already been done. At times, they may discover that the "crime scene" has not been protected and evidence has been removed or altered by another agency which conducted the initial investigation. For example, pathologists who usually measure the length of the body of a very young deceased child might not have weighed the corpse even though weight might be an important factor in establishing the possibility of abuse or neglect. As another example, child protective services may make the initial response to the report, interview the parents, and place the child in protective custody before the police are even called into the case.

RECEIVING THE REPORT

Getting information from the individual who has reported a case of suspected child abuse and neglect is the first step in an investigation. At times, the officer may receive the initial report and may get information over the phone from the reporter. At other times, the officer will be sent to the home after a report has been made to the dispatcher and will need to interview the reporter in the field.

Information to Obtain

When someone reports a suspected case of abuse or neglect, it is important to obtain as much of the information as possible that will be needed in subsequent steps of the investigation. The officer should concentrate on getting information critical to locating the family, providing any needed emergency assistance, and identifying additional sources of information on the family. At a minimum, this information should include:

- name, age, birthdate, address of the child
- name, address of parents
- where parents can be reached--e.g., at home or their place of employment
- incident that precipitated the report
- name, address of any witnesses to the incident or prior incidents
- present condition of the child
- siblings who are in the home
- other individuals and agencies that know the family

Ascertaining the Motives of the Reporter

Agencies mandated to receive reports of child abuse and neglect are also responsible for investigating all reports "made in good faith." It may be necessary to evaluate the motives of the reporter, if there is a personal involvement of the reporter with the family or if there seems to be some ulterior purpose to the report itself. In some cases reports of abuse or neglect have been made as a way of retaliating in marital disagreements, family quarrels, or neighborhood feuds. Even a report from another professional agency can be an attempt to divert a case they no longer wish to assume responsibility for. If the officer receiving the report suspects the reporter's motive, he may want to meet directly with the reporter for further discussion, or to check past reports by the reporter to see if there is a history of unsubstantiated reports submitted by that person. It is essential to approach all reports with an open mind, and not to lose sight of the fact that the report itself by no means proves abuse or neglect.

Responding to the Concerns of the Reporter

All reporters should be given support and recognition for their decision to report. The officer should elicit any concerns of the reporter concerning his fear of the family's reaction, such as retaliation, and should discuss with the reporter whether or not his identity will be revealed to the family. The reporter should be informed that he will be told of the final disposition of the case.

If the reporter has a professional relationship with the family, he should be encouraged to inform the family of his report. The officer should help reluctant reporters understand their legal protection under the state reporting laws. The officer should inform the reporter of any legal requirements to submit a written report of his suspicions, and inform the reporter whether or not the family has a legal right to see it.

WHETHER OR NOT TO INVESTIGATE THE REPORT

Not all reports of suspected child abuse and neglect will be investigated by the police. In many communities, such reports will be immediately referred to child protective services for investigation. Other reports may be of alleged situations which, even if true, would not constitute actionable abuse or neglect situations.

Even though the majority of child abuse and neglect cases may eventually be referred to social services rather than the criminal justice system, it is essential that the police never ignore reports of abuse or neglect or situations involving potential abuse or neglect. Rather, police should either investigate such reports and/or refer such cases to the child protective agency for further evaluation and family assistance.

RECORDS-CHECKING

Prior to actually investigating the report, many police agencies institute a routine records check on the family, which may include internal departmental records, records from such other agencies as juvenile court, child protective services, or the department of social services (income maintenance of service cases). Some areas have central registries which keep all reports of suspected abuse and neglect cases--often on a statewide basis. Information that a records check can turn up includes any prior "confirmed" reports of suspected abuse or neglect, the reliability of the reporter (as evidenced by the types of reports he or she has filed in the past), and also the most appropriate agency to assume responsibility (as, for example, if a family is already "active" with another agency, such as juvenile probation, because of a previous incident of abuse or neglect).

GAINING ENTRY TO THE HOME IN CHILD ABUSE AND NEGLECT INVESTIGATIONS

At times, it may be necessary for the investigating officers to gain entry to the home to determine whether a child is in imminent danger within the home. Generally, the ability of the officer to gain entry will be directly related to the officer's initial approach to the family. If the officer appears concerned and

sympathetic to the problem and explains his role as insuring the health and safety of the child, the officer will be allowed into the home on a voluntary basis in the great majority of cases. In some cases, however, the officers may not receive permission to enter. This could occur (1) when no adults are present within the home and the child is either too young or unwilling to open the door; or (2) when the parent(s) refuse to allow the officers to enter. In every state, the officers will have a legal right to forcibly enter a home under certain circumstances, including situations in which the officers have probably cause to believe that a child inside the home is in imminent danger. Additionally, in some situations, the officers may forcibly enter a home based on their having probable cause to believe that a crime is being committed within the home.

The specific legal standards which justify a forcible entry into the home by police in a suspected child abuse and neglect case will be set forth by state statutes and court decisions. The courts have been consistent in allowing such entries whenever there are reasonable grounds to believe that a child, particularly an infant or young child, is in danger of serious bodily harm. For example, in a recent California case, In Re Dawn O., 58 Cal. App 3d, 160, (1976)b, the court ruled that police officers, responding to a neighbor's report that a 6-year-old girl had been locked out of her house all evening, were justified in entering the home with the girl after no one responded to their knocks at the door. The officers had the impression, after talking to the six-year-old, that her younger sister might be in the house. The officers gain entry by climbing through a window. Once inside they found the house in "filthy disarray." They also found an infant in a crib and a tiny child on a urine-soaked mattress. Their mother had left the two children alone for the entire day, and did not return home until 11 p.m. that night, after the officers had found the children.

The admissibility of evidence obtained as a result of an illegal entry is an unsettled area of law in most states as it relates to juvenile court child abuse and neglect proceedings. Because abuse and neglect cases in the juvenile court are classified as civil rather than criminal proceedings, the exclusionary rules which apply in criminal cases (prohibiting testimony about illegally obtained evidence), may not apply to such proceedings. As a practical matter, however, police officers should be guided by principles of fairness and due process in deciding whether or not to forcibly enter a home during a child abuse or neglect investigation.

OBSERVATIONS

The police officer's observations during the investigation are a major source of information. The officer should take care to record

his observations in detail, so that he will be able to testify effectively about his observations if the case goes to trial. The officer should document such observable data as the physical setting of the home--including the eating and cooking facilities, the plumbing fixtures, the basic amenities such as beds, lighting, roof, ventilation and space, and the general cleanliness or lack of cleanliness in the home. The officer should also record any observations of the physical condition of all children in the home, including their dress, their general appearance, and any specific observable injuries.

The trained police officer will also observe and record the behavior of the parents and child, including their reactions to the presence of the officer and their relationships with each other. Such nonverbal communication may support or cast doubt on the statements made by the parents and children to the officer. For example, if a mother describes her relationship with her husband as supportive and positive, and the officer observes the husband respond to his wife's distress by leaving the room or verbally attacking her, there is reason to doubt the accuracy of what she says.

Photographic Evidence

Photographs are an important step in the gathering of evidence in child abuse and neglect cases, and are often the best means of documenting observable data. Many law enforcement agencies have their own crime scene photographers and assign them to assist officers in cases of abuse and neglect. In other departments, the investigating officers are also responsible for taking photographs.

Photographs showing the condition of the home are useful exhibits for purposes of trial to illustrate such conditions as filth, disarray, broken windows and exposed wiring. For example, photographs of the area in which a purported accident occurred are important as evidence, and may include such areas as the back stairs, the child's bedroom, and the space around the kitchen stove.

Photographs of the child's injuries are perhaps the best evidence of the effect of injuries in a case of child beating or burning, especially when court trials in such cases do not occur until areas of bruising, swelling or burns have substantially healed. As in other types of police photographs, it is important to properly identify and mark such photographs. Often, color photographs are preferable to show bruises and burns.

REAL EVIDENCE

Physical objects which might constitute important evidence in child abuse and neglect cases would include instruments used in a beating, such as whips, belts, electrical cords, paddles, or any instruments of "torture." In cases involving burns to a child, the officer may identify and preserve the source of heat, such as a cigarette lighter, an iron, or an electric grill or hot plate.

In cases of neglect, the officer may want to retain as evidence such items as medicines and illegal drugs, guns, knives and poisons, which were found within reach of unsupervised youngsters.

In sexual abuse cases, much of the real evidence is that which is based on laboratory tests or physical examinations. If the investigation occurs soon enough after the act, real evidence might include such things as semen, blood, fecal matter, saliva, pubic hair, vaginal and/or anal smears. Other types of real evidence in sexual abuse cases may involve clothing of the victim and suspect, fingerprints, and any weapons or implements used by the abuser, including ropes, chains and knives. Very often the manner by which these acts are brought to the attention of the police precludes the collection of physical evidence, as the time period between the last act and the reporting has negated its existence. This means an emphasis upon the interviewing of the victim and witnesses is of greater importance, as well as the interrogation of the suspect.

PROTECTIVE CUSTODY

In some abuse and neglect situations it may be necessary, in order to protect the child, to take immediate action during the investigation procedure. These situations include those in which the child is in "imminent danger" if the child remains in the home, or those in which the child requires emergency medical treatment. Police actions may include bringing a homemaker into the home, detaining the child in a medical facility, or placing the child in an emergency foster home or juvenile shelter. Law enforcement officers are frequently required to make such determinations and therefore must be familiar with the legalities and procedures for implementing these decisions.

The legal standards for such orders of "protective custody," as they are usually called, are set forth in the child abuse and neglect reporting laws, the Juvenile Court Act, or the Criminal Code. Generally, a child can be placed in "protective custody" when there is imminent threat of substantial harm or injury to a child if the child were to remain in the custody of its parent(s) or caretaker(s).

If a child is placed in "protective custody" all states require that a child abuse or neglect petition be filed in the juvenile court within a short time thereafter, and that a custody hearing be held soon after the filing of the petition. At the custody hearing, the juvenile court judge or commissioner will review the protective custody status, and either order it continued pending the adjudicatory hearing or revoked and the child returned home.

The decision as to whether or not the child is safe in the home may be the most crucial step in the investigative process. If the child is in immediate danger of further injury, the officer must take whatever steps are necessary to insure his safety before proceeding with the investigation. Deciding to remove a child on an emergency basis may be difficult, in view of the disruptions that such removal will cause, but the reality of some cases is that without removal the child could die during the investigation. When possible, such a decision should involve consultation with the chief juvenile division officer and/or child protective services. It may also require an evaluation by an appropriate physician.

In deciding whether protective custody is warranted, the officer should be guided by considering whether one or more of the following conditions exist:

- The maltreatment in the home, present or potential, is such that a child could suffer permanent damage to body or mind if left there.
- The child is in need of immediate medical and/or psychiatric care and the parents refuse to obtain it.
- The child is already physically and/or emotionally damaged by the home environment and requires an extremely supportive environment in which to recuperate.
- The child's age, sex, race, physical or mental condition renders him incapable of self-protection...or for some reason constitutes a characteristic the parent finds completely intolerable
- The evidence suggests that the parents are torturing the child, or systematically resorting to physical force which bears no relation to reasonable discipline.
- The physical environment of the home poses immediate threat to the child.

In addition, the officer can consider the following findings as a signal for protective custody if they are accompanied by evidence of physical or mental injury from abuse or neglect:

- Parental anger and discomfort with the investigation which will be directed towards the child in the form of severe retaliation against him. Such information could be gained through a review of past parental behavior, statements and behaviors of parents during the investigative interview or reports from others who know the family.

- Evidence suggests that the parents are so out of touch with reality that they cannot provide for the child's basic needs.

- There is a history of the child being hidden from the authorities by the family.

- There is a history of prior offenses or allegations of sexual abuse, child abuse, or child neglect.

- There is total resistance to the investigation by the parents.

An officer must also consider his personal liability, i.e., if the officer may be criminally or civilly liable if he leaves the children alone in a dangerous situation, or leaves them with a caretaker who is incapable of responsibly caring for them. Similarly, police officers should be careful in unofficially "placing" children with neighbors or relatives on an interim basis.

STRATEGIES AND ISSUES IN INTERVIEWING THE CHILD

Although the child is the focus of the investigation, his presence in the investigation itself must be handled carefully. Clearly the abused or neglected child, along with any other children in the home, are proper subjects for observation and interviewing by the officer at the time of the investigation. Whether the child is singled out for an interview depends on a variety of factors. In the first place, the child may be too young to talk. Furthermore, the officer needs to be aware of the impact of an interview on the child, and his relations with the parents. A child's capacity to deal with information differs from an adult's. Interviewing a child could exacerbate an explosive parent-child relationship, causing a parent to become suspicious and/or jealous of the child, making the child feel guilty for divulging information about the abuse or neglect, and resulting in harmful retaliation later by the parent.

Despite these general concerns, there are times that a child should be actively included in the investigative process, to let him know what is going on and to solicit information concerning the case. In any event, if the child is present during the parent interview, the officer should observe the child and parent-child interactions and take note of any unusual behavior.

There are times when the investigator must interview the child. In all such cases, the agency should consider whether the interview should be conducted by an officer, a child protective services worker, or a combination. If the investigator is the opposite sex of the child, the officer should obtain an officer or child protective worker of the same sex to do a joint interview with the child. In cases involving excessive discipline, the officer will need to interview the child to evaluate the parent's description of the child's behavior. It is not unusual for a child, particularly a teenager, to report abuse or neglect, and in these cases the child will be the officer's initial contact with the family.

Usually, the parents should not be present during the interview of the child. The officer should inform the parents of the need to interview the child separately and explain to the parents the reasons why the child is being interviewed. If the parents strongly object to the child being interviewed, and if it appears that the parents may retaliate against the child for giving information to the officer, the child may require protective custody.

Officer Sensitivity

The officer must be sensitive to the emotional trauma to the child caused by the interview. A young child may not understand that the behavior of the parents has been abusive or neglectful. An older child may be afraid of retaliation by the parents or understand that if he describes the acts of the parents, something "bad" may happen to the mother and father, and the child may be taken out of the home. In some cases, the child's desire to remain with his parents will be strong, even when the abuse or neglect has been very serious in nature.

Interviewing the victim in a sexual abuse case requires particular sensitivity and skill. In addition to feeling confused and afraid, the child may also have strong feelings of guilt. Even though the child could not prevent the sexual activity, he will have a sense of the strong cultural taboo against such behavior. The interviewing officer must convey a sense of understanding to the child and reassure the child that he is not to be blamed for what may have happened. Again, in some situations it may be advisable to have a second interviewer present during the interview.

In conducting the interview, the investigator should first relieve the child's anxiety by talking about the difficulty of discussing one's life with a stranger. The investigator should explicitly inform the child of the parents' awareness of the interview and its purpose, and the parents' permission (if obtained). The child should be allowed to talk through any concerns about retaliation or confidentiality before being asked to give information about the case.

Guidelines for Interviewing the Child

The following guidelines can make it easier to elicit the information needed from the interview:

- The investigator should not appear to be taking sides against the parents. Children will generally become defensive if they feel outsiders are criticizing their parents, no matter how much they feel the same way.

- The interview should be conducted in language the child understands. Particularly in cases of sexual abuse, the officer should accept and use whatever terms for genitals and sexual acts that the child employs, while also being explicit in questioning about the incident. The officer needs to determine exactly what sexual activity occurred.

- The child should be permitted to tell about the case in his own way. Rather than press for details, the investigator should limit questions, and those that are used should be open-ended. With small children, it helps to engage them in playing fears or reactions through fantasy.

- The interview should always include a discussion of what will happen next, and how the officer will use the information the child has given.

- If the child is an adolescent and the officer feels a "person in need of supervision" petition or similar order may be necessary, the officer should assure that an attorney is obtained to represent the child.

V. POLICE DISPOSITION OF CHILD ABUSE AND NEGLECT CASES

The police officer should keep in mind the priorities of his responsibility in suspected child abuse cases: first, he must protect the child; second, he must gather evidence for possible prosecution. When confronted with a case of obvious child abuse, the officer may decide to immediately take the child into protective custody for his own well-being. This is a more pressing need than to make a quick arrest of the abusing parent. Also, arrest would involve a virtually unavoidable prosecution of the case, whereas, an alternative treatment for the parent may be found, giving better results.

In strictly legal terms, prosecution for child abuse is difficult. To sustain the legal burden of proof concerning abuses that normally occur unwitnessed in family surroundings is extremely difficult in all but the worst child abuse cases. It should also be kept in mind that an unsuccessful prosecution may end by subjecting the child to increased hazards. A disturbed parent may view a failure to find him guilty as a license to continue the abuse.

The police officer should keep in mind that the child abuse problem is best handled by a multidisciplinary approach. The resources of law enforcement agencies alone are not adequate to cope effectively with the problem. Therefore, appropriate social service agencies should be contacted before any final decision is made concerning the arrest of the parent.

Many social workers and others who work closely with child abuse cases feel that, whenever possible, it is better to attempt to correct abusive behavior through counseling and other means rather than seek criminal prosecution. Obviously, when such efforts are attempted and fail, prosecution is an acceptable alternative. Whatever the eventual decision made concerning prosecution of abusive parents, it seem appropriate that the decision be made in concert with plans for the care and assistance of the abused child and other children of the family. To that end, it seems the better course for the police officer to delay arrest of the parent, so long as there is no immediate pressing need to make an arrest on the spot. In the interest of maintaining good inter-agency working relationships, and for the purpose of doing what is best for the child, it seems wiser to involve representatives of the appropriate social service agency in the decision whether or not to seek prosecution of the parent.

It is necessary, therefore, that law enforcement officers be aware of the alternative types of referrals which are available in child abuse and neglect cases, the guidelines for determining the appropriate referral, and the specific procedures for implementing the referral.

DISPOSITIONS

Other than placing the child in protective custody, which is only a temporary step, police dispositions of suspected child abuse and neglect cases include:

1. referral to a community social service or health agency
2. arrest of the parent(s) or caretaker(s)
3. referral to the prosecutor and/or the juvenile court

Referral to Community Social Service and/or Community Health Agencies

- In some cases, the police officer may determine that no evidence of child abuse and neglect exists. In such cases, however, the officer should still attempt to identify any other problems which may be affecting the welfare of the family and the general home environment of the child. Police officers must remember that their responsibility extends not only to violations of law, but to problems involving the general welfare of all persons.

- Where the police recognize a serious family problem, in spite of the lack of evidence of abuse or neglect, they should notify child protective services or juvenile court which may be successful in arranging for assistance to the family.

- Police referral to any social services or health agency should usually be made after consultation with an agreement of the parents. If the family agrees to the referral, and if the community agency accepts the referral, it can be regarded as a final police disposition in many cases. In some cases, such referrals may be made in addition to referrals to the juvenile court and/or child protective services.

- The police officer should not suggest the referral on an either/or basis--i.e., either accept the services of a social agency or be referred to court. Under such conditions, the community agency may find it difficult to make its services effective. Additionally, there would always be an implied threat that "official" police action would be taken if the child and family did not cooperate.

- In situations where serious family problems exist but do not seem to involve child abuse and neglect, the officer should seek to refer the family to an appropriate social service agency, such as child protective services or health agency, depending on the family's particular problem.

- Before making referrals, the officer should check the records of the police department to obtain additional information on the background of the family. In some cases, the officer may also want to contact other community agencies to determine whether the family has been known to them previously.

- Referral of children to social service and health agencies by police is often difficult because of heavy work pressures under which police operate. The scope of their operations and the variety of functions for which they are responsible require them to make dispositions quickly and with only a limited amount of information. Nevertheless, police in some cities have been very successful in referring families and even in motivating them to accept or seek help from these community agencies.

Arresting the Parent(s) or Caretaker(s)

- The mere fact that a petition alleging child abuse or neglect has been or will be filed in juvenile court does not require that the parents be arrested. In every case, the officer must exercise discretion as to whether such an arrest is appropriate.

- An arrest may be made in some circumstances without the intent of presenting the case to the prosecutor. In some cases, an arrest may be necessary to gain entrance to the house in order to assess the safety of the child, or an arrest may be needed to preserve the peace.

- The officer should not use an arrest as an alternative to protective custody. Although removing the suspected abuser from the home may afford temporary safety to the child, in most cases the suspect will be bailed out within hours and the child may be in substantial physical danger from a now irate and frightened parent.

- An arrest may be necessary in those situations in which the officer reasonably believes that the parents will flee the jurisdiction if given the opportunity.

Referral for Criminal Prosecution

- Because of the wide acceptance of a social service oriented approach, most cases of child abuse and neglect are not referred for criminal prosecution. For the most

part, only the most extreme types of physical abuse, sexual abuse, or neglect will be referred to the prosecutor, or those cases in which the actions of the abusive or neglectful parent demonstrated obvious criminal intent.

The amount of evidence in child abuse and neglect cases varies from case to case and may be a major factor in deciding whether or not a certain case will be prosecuted. In child abuse and neglect cases there are often no eyewitnesses and the victim may be too young to be a component witness or too frightened to be an effective witness. For this reason, criminal prosecutions may be impossible in many child abuse and neglect cases.

Child abuse and neglect cases are often called dependency cases because of the juvenile court's power to declare abused and neglected children "dependent" on the court for proper care and protection. Most cases of child abuse and neglect are referred to the juvenile court rather than to the criminal court.

THE ROLE OF THE JUVENILE COURTS IN CHILD ABUSE AND NEGLECT

Law enforcement officers must understand that the juvenile court will attempt to handle child abuse and neglect cases in a "social services" fashion, if possible, and will try to avoid placing the child outside the home on a permanent basis or terminating the parental rights of the natural mother and/or father. More often, the court disposes of proven cases of abuse and neglect by either sending the child home under the supervision of the social services agency or probation department, or by ordering the child placed out of the home on a temporary basis until the parent(s) are better able to care for him.

Functions of Juvenile Court

The juvenile court performs a variety of functions in connection with child abuse and neglect cases brought before it. The most important of these are:

1. To mandate services for the family in which abuse or neglect has occurred. Rather than punish, the juvenile court will work closely with social service agencies to effect a treatment plan designed to protect the child and, at the same time, improve the family situation so that the family is preserved.

2. To protect a child from further injury as a result of abuse or neglect.

3. To provide a fair and impartial review of social service agency decisions.

4. To protect the constitutional rights of parents and children.

Reasons Cited FOR Juvenile Court Involvement

1. The juvenile court provides a coercive but non-punitive authority to function in cooperation with social service agencies.

2. The juvenile court guarantees some due process rights of parents and children and allows for independent review of discretionary decisions by social service agencies, particularly decisions to remove the child from the home.

3. The juvenile court has the power to mandate and monitor social and protective services for families. In some situations, eligibility for certain social services is conditioned upon the child being declared a dependent of the court.

Reasons Cited AGAINST Juvenile Court Involvement

1. Court proceedings and the roles of the attorneys increase the level of conflict among all parties involved and reduce the potential for cooperation by the family with social service agencies.

2. Juvenile court intervention is too authoritarian and traumatic for the family. The court should be used only as a last resort if social service agency efforts fail.

3. The juvenile court is too involved in technical rules of procedure and evidence. This preoccupation often obscures the true nature of a case and may lead to a lack of perception of the risk to a child.

THE ROLE OF THE CRIMINAL COURTS IN CHILD ABUSE AND NEGLECT

Functions

1. To determine the guilt or innocence of the accused.

2. If the accused is found guilty, to determine appropriate sentencing.

3. To mandate social or other services (as terms of probation).

4. To protect the constitutional rights of parents.

Reasons Cited FOR Criminal Prosecution

1. Child abuse and neglect are crimes and should be treated like all other crimes.

2. Criminal prosecution and conviction of child abusers will deter the individual defendant and others from acts of abuse or neglect.

3. Criminal prosecution and conviction is necessary to bring about meaningful change in the behavior of the abuser, since the criminal court has the power to enforce its order by requiring the abuser to participate in social service programs.

4. Unless criminal prosecution results from police involvement in child abuse and neglect cases, the police will not be willing to act in such cases.

5. Criminal prosecution affords the defendant full due process rights and forces the state to prove abuse or neglect beyond a reasonable doubt. Because of this, the family's right of privacy is better protected than when the intervention into the family occurs through juvenile court or a social service agency.

Reasons Cited AGAINST Criminal Prosecution

1. Child abuse and neglect are psycho-social problems which should be handled by a non-punitive social service approach designed to preserve the family structure, as well as to protect the child.

2. Child abusers often see themselves as victims, as people who are helpless and isolated from the social mainstream. Prosecution and conviction, espeically if it leads to incarceration, may tend to reinforce these feelings and may lead to increased hostility and resentment. These feelings may in turn lead to further abusive acts.

3. Criminal prosecution and conviction is more likely to break up the family than are other approaches to the problem.

4. Because successful criminal prosecution of child abuse is very difficult, due to the high standard of proof required and the fact that there are often no witnesses other than the child victim who is too young and/or frightened to testify, many prosecutions result in dismissal or acquittal. Some professionals argue that

in such instances, even though it may be clear that the child is receiving inadequate care, the exonerated defendant will be unwilling to participate in any social service programs. (It should be pointed out that dismissal or acquittal may be the result of lack of abuse rather than lack of evidence.)

5. In cases which involve both juvenile and criminal court proceedings it is possible that the decision of one court will undermine that of the other. To avoid this situation, the juvenile courts at times have a tendency to adopt a "wait and see" attitude, in which the decision on placement of the child will be delayed until the criminal court case is concluded.

VI. RELATIONSHIP BETWEEN POLICE AND SOCIAL SERVICE WORKERS IN CHILD ABUSE AND NEGLECT CASES

Police involvement in child abuse and neglect cases often requires law enforcement officers to call upon or assist child protective service workers, among others, during the investigation. At the least, the officer may be asked to provide assistance to the child protective worker during his investigation of a report. Sometimes the police officer and the protective service worker may be conducting simultaneous but separate investigations, and in some instances, the two may work together as a team, or part of a team, in investigating the report.

Because of their differences in approach and perspective, relationships between these two agencies are sometimes strained. In some communities, this strain has been substantially reduced as a result of improved communication and understanding.

The role and responsibility of each agency sometimes reinforces the perceptions that outsiders have of those agencies, almost to the point where such perceptions might well be classified as stereotypes. For example, those social workers who view police as "tough guys," without sensitivity or feeling toward the parents or the children in child abuse and neglect cases may not consciously be aware of the difficult responsibility placed on law enforcement officers to uphold law, protect life, liberty and property, and apprehend suspected criminals. So too, law enforcement officers who perceive social service workers as "bleeding heart liberals" or "naive" idealists may not consciously be aware of the responsibility placed on such workers to help families with what most of society views as often insoluble problems of human behavior and socioeconomic stress.

The following discussion expresses clearly the reasons for the differing views, and the direction of needed changes.

> A problem of such major significance as the battered child requires the organized efforts of all concerned persons and agencies for its ultimate solution. It involves cooperation between the family, social service, medical, law enforcement, judicial, and educational institutions of the community.
>
> The two institutions most important to the solution of the battered child problem are social service and law enforcement. Despite the obviousness of this conclusion, it is the child welfare and police agencies which generally

display the least mutual understanding and tolerance, and it is often unfortunately true that each of these agencies has little knowledge of or indulgence for the actual philosophies, functions, or techniques of the other.

This is not to say that social workers and law enforcement officers are constantly at odds with each other, or that either agency refuses or fails to cooperate or work with the other. It is intended merely to indicate that the underlying philosophies and beliefs of the two are sufficiently different to cause attitudinal problems and suspicions. They generally work in adequate harmony to get the job done, but increased cooperation, confidence, and respect would greatly enhance the performance and success of both groups.

The lack of confidence between the two agencies becomes more understandable when the background and historical development of the child protective agencies are considered. Originally they functioned with "police power" and assumed an authoritarian approach toward both the neglected and abused children and the offending parents. In the beginning this approach was advocated and accepted because of the legalistic foundation for the movement and the climate in which the agencies operated. Gradually, as the practice of social work developed and new knowledge and understanding changed the philosophy of child welfare, the protective child welfare agencies moved further and further away from the idea of law enforcement as the only method of protecting children. In the field of child welfare, the law enforcement agency became symbolic of authority and an approach which focused on the prosecution and punishment of the offending parents. Those who advocated the case work method of helping parents who neglected or abused their children viewed the authoritarian or punitive approach with disdain.

It seems apparent that the social work profession as a whole has failed to realize that the law enforcement agency's attitude toward the handling of child abuse cases has also undergone a gradual transformation. It is still the belief of the police that pertinent laws must be enforced, but law enforcement has long since recognized the importance and need for referring the various aspects of these most complex cases to those persons and agencies primarily concerned with the rehabilitation and the

changing of the environment in which the illegal acts occurred. The law enforcement agencies continue to be concerned, however, that these referral and rehabilitation programs must be handled within a legal framework.

The objectives of both the law enforcement and child welfare agencies are the protection of neglected and abused children and rehabilitation of the home situations, but the respective roles and methods of operation are necessarily different. Lack of coordination appears to be the major problem. There is, therefore, a need for greater mutual understanding of philosophies and functions, so that the agencies may complement and supplement each other's efforts. The earlier association of child protection with authoritarian law enforcement should not be allowed to remain as a barrier to cooperation.[1]

Many state and municipal governments have coordinated the activities of the governmental agencies that handle portions of child abuse cases. Each agency has a separate but overlapping responsibility, and the contributions of each are extremely important. For this reason, cooperative action and good interagency communications are essential for the successful handling of child abuse cases.

Methods of detecting suspected child abuse vary from agency to agency. For maximum cooperation, it is necessary to understand the role of the various agencies charged with the mission of detection and reporting of suspected child abuse.[2]

MEDICAL COMMUNITY

Doctors, nurses, dentists and other medical personnel play a crucial role in child abuse detection. Medical techniques for diagnosis are continually developing and improving, especially in the field of radiology. For example, X-rays showing numerous fractures of varying ages indicate a strong suspicion of abuse.

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[1]Jack Collins, in The Battered Child, Ray E. Helfer and C. Henry Kempe, (Eds.), 2nd Ed. Chicago: University of Chicago Press, 1974.

[2]Suggested study aid: Film A, "Working Together" (See Chapter VII).

In some instances, medical practitioners are apprehensive of court appearances, so they may not report suspected abuse to law enforcement authorities. Testifying in court is an imposition on time and there is always the concern that a clever attorney may try to discredit the doctor, or involve him in disputes with his peers. If testimony is necessary from a doctor, a pre-trial conference with the district attorney or counsel will usually alleviate these concerns.

Another concern of the medical community revolves around the widespread view that child abuse is a problem to be treated non-criminally. It should be emphasized that the law typically provides for doctors, nurses and others to report to the police or the local welfare department or the health department. Reporting must be done; but to whom is a matter of choice. Not only is failure to report a criminal offense, it is also a grave failure of professional responsibility to both child and parent.

SOCIAL WELFARE (CHILD PROTECTIVE SERVICES)

The responsibility for detecting, reporting, and investigating is mandated by law and generally involves, among others, social workers in a child protective service setting.

Many social workers from a variety of settings (such as hospitals, schools, day care centers and private agencies) "investigate" cases of child abuse or neglect, but this is normally only in the nature of a preliminary inquiry to determine if there is enough information to warrant a formal report of child abuse or neglect, or to see if the family is otherwise in need of assistance. Because the ultimate goal of intervention is treatment and the initial step is an authoritative intervention to determine whether or not the problem exists, social workers who work in the child protective setting frequently question whether or not the initial phase of the process (investigation) is at cross-purposes with the remaining process (treatment).

When it is determined that intervention is necessary, the unique importance of the protective service agency's role becomes apparent in its long-term involvement following the short-term role of law enforcement and/or medical personnel. Protective service workers provide on-going services to children and families having difficulties. Whenever possible, child protective services workers try to keep the family together and treat the unit as a whole, although as a last resort the child may be removed from the home.

SCHOOLS

School teachers, nurses, counselors and principals also play an important role in the detection of child abuse and neglect. Symptomatic signs of abuse/neglect such as injuries, listlessness, poor nutrition, disruptive behavior, absenteeism or depression are often first seen by school personnel. Immediate investigation of suspected abuse may save a child from repeated injuries. Therefore, school personnel should not hesitate to report suspicious injuries or behavior. Reports are required by law and can be made to either the police department and probation department, the local welfare department, or health department.

Schools can play a large role in the prevention of abuse and neglect by offering to students classes on marriage, parenting and child development. Parenthood education is vitally needed, especially for those youths growing up in defective homes. It is generally held that today's maltreated youths may be tomorrow's abusers unless intervention takes place. Classes in parenting may help break the recidivism in successive generations.

LAW ENFORCEMENT

If child abuse and neglect are viewed as forms of family dysfunction, it makes sense to handle such cases in a social service system that attempts to assist the family and preserve the family unit. Thus, many cases would not be referred for criminal prosecution. For this reason, police work in child abuse and neglect cases, as in other cases involving family disputes, is especially demanding. The officer will often have a professional obligation to seek solutions other than criminal prosecution and as a result, will become involved with a variety of community agencies. In addition, because child abuse and neglect seem to be chronic patterns of behavior harmful to a child, the officer may have to check a variety of social agency records in addition to the usual police records. Many communities attempt to coordinate the identification and treatment of child abuse and neglect by encouraging forms of multidisciplinary, multi-agency cooperation. In these situations, the law enforcement professional may be part of a community team of professionals which will necessitate a degree of cooperation and coordination beyond that required in other areas of law enforcement work.

Police officers investigating child abuse cases must possess an open-minded compassionate attitude and must remain as neutral as possible. It is important for police to refrain from punitive or accusatory remarks. In essence, while the safety and welfare of the child must be the first consideration, it is equally important to respect the rights and dignity of the parent(s) or caretaker(s).

VII. RESOURCES FOR THE TRAINER

This chapter provides several kinds of resource information for the trainer. Materials that are of direct use in the classroom are included, as well as suggestions for developing materials tailored to local circumstances, and addresses of organizations where further information can be obtained.

1. Audiovisual Aids - National Center for Child Abuse and Neglect

In Chapters II, III, IV, and VI of this manual, suggested audiovisual study aids are identified. These aids were produced by the National Center for Child Abuse and Neglect (NCCAN) and are available through regional offices of the U.S. Department of Health, Education and Welfare (HEW), Children's Bureau.

National Center on Child Abuse and Neglect
Childrens Bureau
Office of Child Development
Office of Human Development
Department of Health, Education and Welfare
P.O. Box 1182
Washington, D.C. 20013

Regional Offices:

Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Associate Regional Commissioner, CS
John F. Kennedy Federal Building, Room 1300
Government Center, DHEW/SRS
Boston, Massachusetts 02203 617-223-6867

Region II: New York, New Jersey, Puerto Rico, Virgin Islands

Associate Regional Commissioner, CS
Federal Building, DHEW/SRS
26 Federal Plaza, Room 3840
New York, New York 10007 212-264-4626

Region III: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia

Associate Regional Commissioner, CS
Gateway Building, DHEW/SRS, 36th & Market Streets
Post Office Box 7760
Philadelphia, Pennsylvania 19101 215-596-1316

Region IV:	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	
	Associate Regional Commissioner, CS 50 Seventh Street, N.E. Room 746, DHEW/SRS Atlanta, Georgia 30323	404-526-3476
Region V:	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	
	Associate Regional Commissioner, CS DHEW/SRS 30th Floor, 300 South Wacker Drive Chicago, Illinois 60606	312-353-4239
Region VI:	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	
	Associate Regional Commissioner DHEW/SRS 1200 Main Tower, 20th Floor Dallas, Texas 75202	214-655-4155
Region VII:	Iowa, Kansas, Missouri, Nebraska	
	Associate Regional Commissioner, CS Federal Office Building, DHEW/SRS 601 East 12th Street, 5th Floor Kansas City, Missouri 64106	816-374-5975
Region VIII:	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	
	Regional Social Services Program Director Federal Office Building, DHEW/SRS 19th and Stout Streets, Room 11037 Denver, Colorado 70202	303-837-2141
Region IX:	Arizona, California, Hawaii, Nevada, Guam, Trust Territory of Pacific Islands, American Samoa	
	Associate Regional Commissioner, CS Federal Office Building, DHEW/SRS 50 Fulton Street, Room 469 San Francisco, California 94102	415-556-7800
Region X:	Alaska, Idaho, Oregon, Washington	
	Chief Program Representative, CS Arcade Plaza Building, DHEW/SRS 1321 Second Avenue Seattle, Washington 98101	206-442-0526

NCCAN Audiovisual Aids keyed to this manual:

FILMS (16mm, color, sound)

A. "Working Together" (45 min.)

B. "Issues in Investigating Reports of Child Abuse and Neglect (36 min.)

FILMSTRIPS (color, sound)

A. "Physical Indicators of Abuse - Signs of Alert" (23 min.)

B. "Physical Indicators of Abuse - What Behavior Can Tell Us" (23 min.)

C. "Indicators of Neglect: Before It's Too Late" (15 min.)

D. "Issues in Reporting Child Abuse and Neglect" (20 min.)

2. Audiovisual Aids - Other Sources

Commercial Films (16mm, color, sound)

A. Child Abuse & The Police (30 min.)

Aims Instructional Media Services, Inc.
Hollywood, California 90028

B. Don't Give Up on Me (28½ min.)

and

C. Child Abuse - Cradle of Violence (20 min.)

Motorola Teleprograms, Inc.
4825 N. Scott Street, Suite 23
Schiller Park, Illinois 60176

D. War of the Eggs (27 min.)

Paulist Productions
P.O. Box 1057
Pacific Palisades, California 90272

3. Other Organizations Available as Resources

AMERICAN HUMANE ASSOCIATION

Children's Division
P.O. Box 1266
Denver, Colorado 80210

National Federation Headquarters of all United States humane agencies, and an information service center for child welfare organizations. Issues a variety of publications.

CHILD WELFARE LEAGUE OF AMERICA

67 Irving Place
New York, New York 10003

A national voluntary organization devoted to improving services for children and their families. Issues a newsletter, a journal, conducts research, provides consultation, maintains a comprehensive reference library on child welfare services.

NATIONAL ALLIANCE FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND MALTREATMENT

41-27 169th Street
Flushing, New York 11258

An organization of leading professionals in the field of child abuse and neglect in the United States working together to develop guidelines for public awareness programs for child abuse and neglect.

NATIONAL COMMITTEE FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

111 East Wacker Drive
Suite 510
Chicago, Illinois 60601

A private nonprofit organization dedicated to combatting the problem of child abuse and neglect through stimulating citizen interest and involvement in prevention programs.

NATIONAL CENTER FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE

University of Colorado Medical Center
1001 Jasmine Street
Denver, Colorado 80220

A treatment, research and training center for abusive families and abused children.

PARENTS ANONYMOUS

2810 Artesia Boulevard
Redondo Beach, California 90278

A national self-help parents organization, utilizing group therapy and positive parenting methods to help abusing parents change their behavior. There are many local chapters in communities throughout the United States.

4. Reminder List - Types of Local Agencies Potentially Available as Resources

Many of the agencies listed below may already be serving your community. A list of social service agencies available in your area would be a useful reference to officers assigned to child abuse and neglect cases.

Treatment Services to Parents:	Psychological and other testing Individual counseling Parent aide/lay therapist counseling Individual therapy Group therapy Parents Anonymous Couples counseling Child management classes 24-hour hotline counseling Crisis intervention Alcohol counseling Drug counseling
Treatment Services to Children:	Therapeutic day care Day care Residential care Crisis nursery Play therapy Specialized therapy Psychological and other testing
Treatment Services to Families:	Residential care Family therapy
Supportive Services to Families:	Advocacy with legal problems Advocacy with income/employment problems Advocacy with housing problems Medical care Homemaking Family planning counseling Babysitting Transportation Emergency funds
Community Activities:	Prevention Community education Professional education Technical assistance and consultation Legislation and policy Coordination

5. Comparison of State Statutes

One of the most important aids the trainer can develop is a presentation of the applicable state law. All states have specific child abuse legislation. While the laws of states other than the trainers' home state are not of specific importance, it may be interesting to note the following survey facts (as of 1973) concerning state laws.

Age

In 31 states the child abuse statute applies to 18 year olds and under.

In 13 states the child abuse statute applies to 16 year olds and under.

In 4 states the statute applies to 17 year olds.

In 1 state the statute applies to 15 year olds.

In 1 state the statute applies to 12 and under.

Who Reports

In 34 states all persons who have probable cause must report cases of child abuse or neglect.

In 16 states only medical personnel are required to report child abuse.

Central Registry

In 34 states there are central registries to receive reports of child abuse.

In 16 states there are no central registries.

Whom to Report To

In 24 states a report of child abuse is received by the Dept. of Social Services or the Dept. of Welfare.

In 14 states the police are mandated to receive child abuse reports.

In 9 states the police and the Dept. of Social Services are both mandated to receive reports of child abuse.

Whom to Report To (cont'd)

In 4 states the Juvenile Court is mandated to receive the report.

In 3 states the prosecuting attorney's office is mandated to receive a report of child abuse.

Immunity

In 40 states the child abuse statute offers immunity to the reporter of child abuse if that report is made in good faith.

In 10 states immunity is not offered to a reporter of child abuse.

6. Officer Handout

The following material is suggested as part of a handout, giving the officer concise information on recognizing child abuse and neglect and procedures. Such a document could also include some of the information developed in the preceding sections 4 and 5 (local contacts and law).

An example of an officer handout, used by the Albuquerque, New Mexico, Police Department, is also shown. This handout is pocket size, and sealed in a plastic cover.

CHILD ABUSE AND NEGLECT GUIDELINES

FOR

LAW ENFORCEMENT OFFICERS

ABUSE INDICATORS

Recognizing Physical Abuse

- Injuries on several surface areas of the body
- Injuries in various stages of healing
- Complications arising from old injuries
- Wrap-around injuries
- Nonaccidental bruising patterns
- The shape of an instrument imprinted on the skin
- Cigar and Cigarette burns
- Burns that have a glove or sock-like appearance

When the Parent:

- Presents an explanation of the injury inconsistent with the appearance of the injury
- Is evasive or vague
- Presents a contradictory history
- Gives a history of repeated injury
- Is reluctant to give information
- Projects cause of injury onto a sibling or third party
- Verbal threats against the child
- Has unrealistic expectations of the child
- Is psychotic or psychopathic
- Personally misusing drugs or alcohol

When the Child:

- Has an unexplained injury
- Is unusually fearful, non-spontaneous, refuses to speak in front of parents
- Overly eager to please adults
- Shows evidence of overall poor health
- Has injuries that are not mentioned in history

NEGLECT INDICATORS

Living Conditions

- Officers should consider the child's complete environment and make a particular effort to avoid associating low income as being synonymous with neglect.
- Burned-out or condemned buildings should be regarded as unsafe housing.

- Unsanitary conditions, such as human and animal waste on the floors, are indicative of neglect.

- Lack of heat in the house during winter months is neglect.
- Danger of fire from open heating units such as baskets of burning wood or coal should be considered as unsafe conditions.
- Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste are neglected.
- Infestation of rodents (rats and mice) demonstrates neglected homes.

Health Hazards

- Malnutrition of children is indicated by them being underweight and small in stature.
- Although this failure to thrive and grow can be due to a number of medical conditions, most neglected children will appear obviously undernourished.
- When undernourishment is considered in light of the environment, it indicates parental neglect.
- Officers should also be aware of the condition of the food in the house. Usually there will not be any food for the children to eat, and what food there is will be spoiled.
- Medical care provided to the children is an important factor to consider.
- The child's failing to thrive may be due to a legitimate medical condition that a doctor is attempting to cure.
- Neglected children will not be receiving doctor's care.

Emotional Hazards

- Children may suffer emotional abuse through continual exposure to vice conditions in their home environments. Emotional damage may also arise from extremes of treatment, such as verbal harrassment or total indifference.

PROCEDURES

Nonemergency Case

- Observe the physical condition of the child.
- Consider the attitude of the parents toward him.
- Consider the child's general environment including living conditions and health and moral hazards.
- Contact protective services or other responsible agency and coordinate case activity.

- Interview all parties involved including complainants, child, parents, neighbors, relatives, and friends.

- Check records of parents for previous child abuse involvement.
- Check child's medical history for previous indications of abuse. This may require an inquiry to area hospitals and doctors, as well as determination that old and/or repeated injuries are in different stages of healing.
- Evaluate evidence of the abuse to determine if it may continue and endanger the safety of the child.

Emergency case

- Remove child from home if his safety is endangered.
- Ensure that injured child receives immediate medical attention.
- Photograph injuries.
- Write complete report of injuries including physician's remarks.
- Collect physical evidence such as instrument used to inflict injuries.
- Check child's medical history for previous indications of abuse.
- Resume normal actions as outlined in nonemergency cases.

FAMILY RESOURCE CENTER

262-1911

CHILD ABUSE/NEGLECT LAW

Children needing to be detained but not requiring medical attention can be placed in All Faith's Receiving Home - 3001 Trellis NW - 243-7931, until a social worker can become involved. A report should be made to the FAMILY RESOURCE CENTER as soon as a child is detained under the abuse/neglect provisions of the Children's Code. FRC is available for consultation on a 24-hour basis.

ARTICLE 14 CHILDREN'S CODE

SECTION 13-14-20 TAKING INTO CUSTODY.

A child may be taken into custody:

A. pursuant to the order of the court endorsed on the summons because the child needs to be detained; ...

D. by the law enforcement officer when the officer has reasonable grounds to believe that the child is suffering from illness, or injury, or is in immediate danger from the child's surroundings, and removal from those surroundings is necessary;

SECTION 13-14-21 RELEASE OR DELIVERY FROM CUSTODY.

A. A person taking a child into custody shall, with all reasonable speed:

...(3) deliver the child to...a medical facility if the child is believed to be suffering from a serious physical or mental condition or illness which requires either prompt treatment or prompt diagnosis.

SECTION 13-14-22 CRITERIA FOR DETENTION OF CHILDREN.

A. Unless ordered by the court pursuant to the provisions of the Children's Code (13-14-1 to 13-14-45 a child taken into custody shall not be placed in detention prior to the court's disposition

unless:
(1) probable cause exists to believe that if not detained the child will commit injury to the persons or property of others or cause injury to himself or be subject to injury by others; or
(2) when probable cause exists to believe that the child has no parent, guardian, custodian or other person able to provide adequate supervision and care for him;....

SECTION 13-14-14.1 DUTY TO REPORT CHILD ABUSE-PENALTY FOR FAILURE TO REPORT.

A. Any licensed physician, resident or intern examining, attending, or treating a child, any law enforcement officer, registered nurse, visiting nurse, school nurse or social worker acting in his or her official capacity, or any other person having reason to believe that serious injury or injuries have been inflicted upon a child as a result of abuse, neglect, or starvation, shall report the matter immediately to:
(1) the county social services office of the health and social services department in the county where the child resides;....

C. Any person failing, neglecting or refusing to report as provided in subsection A of this section shall be guilty of a misdemeanor and shall be punished by a fine of not less than twenty-five dollars ($25) nor more than one hundred dollars ($100).

SECTION 13-14-14.2 ... IMMUNITY OF REPORTING PERSON.

....

B. Anyone reporting an instance of alleged child neglect or participating in a judicial proceeding brought as a result of a report required by section 13-14-14.1 NMSA 1953 is presumed to be acting in good faith and shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed by law unless the person acted in bad faith or with malicious purpose.

7. Case Studies on Abuse and Neglect

Two case studies have been included for use in encouraging student discussion of the manner in which abuse and neglect cases might be handled locally.

Case Study A - Physical Abuse

At about 2:15 P.M. on Friday, 16 June 1975, Mrs. Agnes Clark of 1627 Main called the Metropolitan Police Department to report a "runaway white female child." The call was transferred to the juvenile division.

Officer William Reed was informed by Mrs. Clark that she was holding a runaway girl at her home, and that the child was afraid to return to her own home because she feared her parents might beat her. Mrs. Clark seemed reluctant to discuss the case with Officer Reed. She asked that her name not be given to Joan's parents whom she knows slightly because Joan is a friend of her daughter.

Questions

1. What action should Officer Reed take at this point? Should he refer the case to another social agency or investigate the case himself?
2. Does he need more information to determine an appropriate response? If so, what kind?
3. Are there any actions Officer Reed should take before arriving at the Clark home to interview Joan and Mrs. Clark? If so, what are they?
4. Can Mrs. Clark's name be kept confidential? How should Officer Reed respond to her request not to give her name to Joan's parents?

Because the Metropolitan Police Department is responsible for runaway juvenile cases, it was appropriate for Officer Reed to assume jurisdiction in this case. He therefore proceeded to 1627 Main and interviewed the runaway girl who identified herself as Joan Green, age 14. Joan stated that she had run away from home on Wednesday, 14 June 1975, after being punished for staying out too late at a teen dance. She stated that her parents are very strict and allow her little social contact. She stated that she had few friends and was not allowed to have company. She was allowed to go to the teen dance with the understanding that she be home before 9:30 P.M. Joan added that she liked a boy in the neighborhood named Ken whom her parents disliked. She was forbidden to associate with him. She had been with Ken at the dance and had gotten home around 11:30 P.M. Her parents were very angry and punished her by making her strip and lay down on the bed on her stomach. Her mother then beat her with a metal clothes

hanger and called her a tramp, a bitch, and a slut, and threatened to kill her while her father watched. Joan stated that this was not the first time this had happened and that she had been whipped with an ironing cord and a metal yardstick in the past.

Questions

5. What action should Officer Reed take at this point? Should he refer the case to another agency as suspected child abuse?

6. Are there elements in this case which would warrant further police involvement? If so, what are they?

7. If it were appropriate to maintain police jurisdiction in this case, what should Officer Reed do next? Can Officer Reed place Joan in protective custody at this point? Does he need more information before he can decide? If so, what kind of information does he need?

8. Should Joan be examined for bruises or welts? If so, when and by whom? Officer Reed? A female police officer? Should medical examination be sought?

Joan was taken to the hospital for further examination. She was found to have welt marks extending across the width of her body from the nape of her neck to her lower legs. Many of them appeared fresh, while others were apparently old injuries. Among the injuries found were small round scars of the type resulting from cigarette burns. The hospital reported, however, that none of the injuries were sufficiently serious to warrant hospitalization.

Questions

9. What action should Officer Reed take with respect to the girl? Should he return her to her parents because she is a runaway? Should he ask the hospital to reconsider hospitalization in this case? Should he seek to remove her temporarily from her family into protective custody?

10. Should photographs of Joan be taken? By whom? When?

11. If Officer Reed chose to place Joan in protective custody, what procedures would be required? Where should she be placed? Should he carry out the removal for protective custody before proceeding further with the investigation?

Metropolitan Police Procedures require the police officer in child abuse investigations to take all necessary steps to ensure the safety of the child before taking any other action in the investigations. Because of the nature of the injuries and the threat

of the mother to kill her daughter, Officer Reed decided that the girl's safety could only be ensured by placing her in protective custody. Upon completion of the hospital examination, he explained to Joan that he felt it necessary to place her in protective custody and that he was calling in Child Protective Services to arrange for her to be placed in a temporary foster home. Joan expressed satisfaction with not having to return to her home, and the removal was effected by other police officers.

The Officer then proceeded to the girl's home at 1621 Main to attempt interviews with her parents and other possible witnesses to the alleged beating.

Questions

12. If Joan Green's parent refused to discuss the matter with the officer or to allow Officer Reed into their home, what action should be taken?

13. Before or during the interview of the parents in this case, is Officer Reed obliged to give "Miranda" warnings? When? Why?

When Officer Reed arrived at 1621 Main, he found both parents, Joanna Green--age 46, and John Green--age 52, at home. Neither parent objected to being interviewed by Officer Reed. Officer Reed also informed both of the Greens of their constitutional rights in accordance with Metropolitan Police procedures requiring Miranda warnings in all investigations including child abuse and neglect. Mr. and Mrs. Green stated that their daughter had run away last Wednesday to avoid being punished for "being bad." Both Mr. and Mrs. Green stated that Joan had come home about 2:00 A.M. Thursday morning after having gone to a teen dance Wednesday night. They also insisted that Joan appeared drunk, and that they could smell liquor on her breath.

Mrs. Green stated that she often disciplined her daughter and occasionally whipped her with a cord or hanger if Joan needed it. She added that her daughter had a tendency to lie, and had started to become loose with the boys. Mrs. Green could tell this because Joan was developing large breasts and drew the attention of the neighborhood boys. Mrs. Green showed the officer the metal clothes hanger she and her husband had used to discipline Joan. The hanger had been pulled out lengthwise to form a double thickness and taped at the bottom to make a handle. Mrs. Green added that she was a very religious person and that she had a duty to correct her daughter and whip her if it were needed. Mr. Green often witnessed the punishment but mainly just prayed for the girl.

Questions

14. Should the child remain in protective custody? Why or why not? Should the case be referred to another agency? Why or why not? If so, to which agency? What procedures would be involved in making the referral?

Case Study B - Neglect

At 7:38 P.M. on Sunday, 4 July 1976, Officers Bert Jackson and Sherri Smith of the juvenile division received a telephone call from an anonymous caller who informed them that one Marcia Garcia residing at 1400 Blue Street, was drunk and endangering the safety of her children. The caller added that she had complained about this to the Department of Social Services several times in the past. To her knowledge, that department's only response was to send a social worker to occasionally stop by to talk to Mrs. Garcia.

Questions

1. What information should Officers Jackson and Smith obtain from the caller during the initial telephone report?

2. What effect does the reporter's request for anonymity have on the investigation? Does it suggest that the complaint is perhaps a crank call not requiring investigation?

3. If the caller had told the officer that she would not testify in court about her complaint to the police, what should be the officer's response.

Before proceeding to investigate the complaint, Officers Jackson and Smith checked the child abuse central registry which was accessible via a 24-hour hotline. The central registry indicated that there had been two neglect reports about Mrs. Garcia during the last ten months. The registry showed that the reports were confirmed and that the family was under the care of the Largeville Child Protective Service Agency. No juvenile court petitions has been filed. The registry also showed that Mrs. Garcia was a single parent and that three children resided at her home: Esteban, age 6; Juan, age 2; and Chequita, age 7 months.

Questions

4. Should the case be referred immediately to the Department of Social Services? Why? Why not? With further police involvement? Without further police involvement?

5. If a police response were appropriate in this case, what actions should Officers Jackson and Smith take at this time? Should any other records be checked?

Had this complaint been received during working hours on a normal business day, Officers Jackson and Smith would have referred this case to Child Protective Services because that agency ordinarily investigates all child neglect complaints in Largeville. However, because Child Protective Services is not available in Largeville on Sundays, Officers Jackson and Smith decided to assume responsibility for the investigation.

Officers Jackson and Smith proceeded to Apt. 5 at 1400 Blue Street to make their investigation and interview Mrs. Garcia. Upon arrival at about 8:00 P.M. at Apt. 5, the officers found the apartment secured only by an old torn screen door. The door was latched, but one hole in the screen was large enough for an adult to reach in and unhook the door. The front door was wide open. Looking into the front room through the screen door, the officers could see a very dirty studio apartment. The front room appeared to be a rather large living room/bedroom combination; its floors were covered with garbage spilled from several overturned garbage bags and glass from broken bottles. The officers also noticed a small child about two years of age playing in the midst of the broken bottles. The child appeared to have a bleeding cut on its left forearm and he was crying. After knocking several times and calling for Mrs. Garcia, she came to the door. Mrs. Garcia appeared to understand very little English and seemed quite upset. There was no indication, however, that she was inebriated. The officers tried to explain to Mrs. Garcia that they were investigating a complaint that her children were in danger, but she didn't seem to understand when the officers asked if they could enter her apartment. She seemed bewildered at first and then said no and walked away.

Questions

6. Do the officers have the legal right to enter the apartment? Why or why not?

The officers unlatched the screen door and entered the home based on their belief that Mrs. Garcia's condition and the appearance of the apartment placed the children in imminent danger. The apartment consisted of a living room/bedroom combination, a bathroom, and a kitchenette. In addition to the general disarray the officers had already noticed, they discovered that the toilet was clogged and had overflowed onto the floor. The icebox had very little food in it containing only some hotdogs, white bread, a quarter of a pound of oleomargarine and a can of Fresca. In addition to this food, on a table next to the refrigerator, the officers found a half loaf of bread and two unopened jars of baby food.

In the crib, there was a small female child approximately six months old. The two year old was a male child who appeared to be in good health apart from the cut on his arm. Mrs. Garcia was quite belligerent toward the officers, and they found communication with her very difficult. They asked her the whereabouts of her oldest son, Esteban, age 6. She at first refused to tell Officers Jackson and Smith where he was, but after repeated questioning by the officers, told them she didn't know, that she had sent him to the store in the early afternoon and he had not returned.

Questions

7. Is there probable cause for placing the children in protective custody? Why or why not? If so, how would this be accomplished? If not, what should the officers do at this time?

8. What actions should the officers take with respect to the oldest child, Esteban?

9. If the children were placed in protective custody, would this terminate the police involvement in the case? Why or why not?

8. Procedural Flow Chart

The flow chart on the following page is an example of alternative police actions to be taken in child abuse or neglect cases, reflecting procedures in a specific police department.[1] A similar chart illustrating local procedures could be developed as a planning and training tool.

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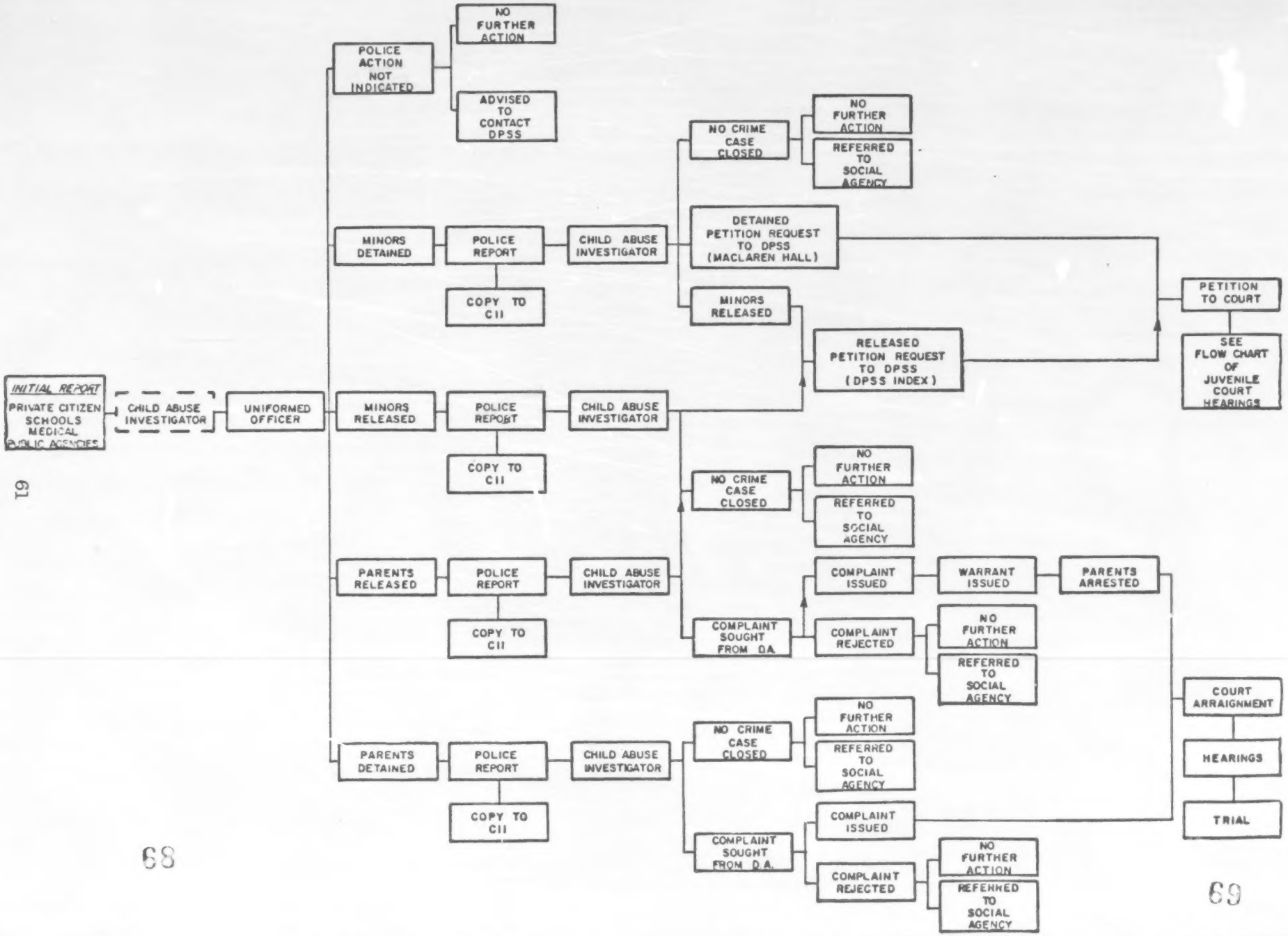
[1]Chart reproduced by permission of the Los Angeles Sheriff's Department.


INITIAL REPORT
PRIVATE CITIZEN
SCHOOLS
MEDICAL
PUBLIC AGENCIES
CHILD ABUSE INVESTIGATOR
UNIFORMED OFFICER
POLICE ACTION NOT INDICATED
NO FURTHER ACTION
ADVISED TO CONTACT DPSS
MINORS DETAINED
POLICE REPORT
COPY TO CII
CHILD ABUSE INVESTIGATOR
NO CRIME CASE CLOSED
NO FURTHER ACTION
REFERRED TO SOCIAL AGENCY
DETAINED PETITION REQUEST TO DPSS (MACLAREN HALL)
MINORS RELEASED
RELEASED PETITION REQUEST TO DPSS (DPSS INDEX)
PETITION TO COURT
SEE FLOW CHART OF JUVENILE COURT HEARINGS
MINORS RELEASED
POLICE REPORT
COPY TO CII
CHILD ABUSE INVESTIGATOR
NO CRIME CASE CLOSED
NO FURTHER ACTION
REFERRED TO SOCIAL AGENCY
PARENTS RELEASED
POLICE REPORT
COPY TO CII
CHILD ABUSE INVESTIGATOR
COMPLAINT SOUGHT FROM DA
COMPLAINT ISSUED
WARRANT ISSUED
PARENTS ARRESTED
COMPLAINT REJECTED
NO FURTHER ACTION
REFERRED TO SOCIAL AGENCY
PARENTS DETAINED
POLICE REPORT
COPY TO CII
CHILD ABUSE INVESTIGATOR
NO CRIME CASE CLOSED
NO FURTHER ACTION
REFERRED TO SOCIAL AGENCY
COMPLAINT SOUGHT FROM D.A.
COMPLAINT ISSUED
COMPLAINT REJECTED
NO FURTHER ACTION
REFERRED TO SOCIAL AGENCY
COURT ARRAIGNMENT
HEARINGS
TRIAL

9. An Example of Implementation of a State Law Through a Multidisciplinary System[1]

The state of Maryland enacted its first child abuse statute in 1966 during the time when most state child abuse and neglect laws were adopted. The Maryland statute has been amended several times, most recently in 1973, when reporting was made direct and the categories of those mandated to report expanded; and in 1974, when sexual abuse was added and a mandatory physical examination included.

The Maryland statute is Article 27, Section 35A of the Annotated Code and is thus included among the state's criminal laws. In Maryland child abuse is a felony, punishable by up to 15 years in prison. The law's intent, however, is not primarily prosecutory, as the Purpose Clause clearly states:

> "The General Assembly hereby declares as its legislative intent and purpose the protection of children who have been the subject of abuse by mandating the reporting of suspected abuse, by extending immunity to those who report in good faith, by requiring prompt investigations of such reports and by causing immediate, cooperative efforts by the responsible agencies on behalf of such children."

Maryland is unusual in that child neglect is treated separately from child abuse. The neglect statute, Courts and Judicial Proceedings, Article 88, Subtitle 8 of the Annotated Code, is part of the state's civil code and carries no criminal penalty.

Reporting Child Abuse

The Maryland child abuse statute requires reporting of suspected incidents by every health practitioner, educator, social worker, law enforcement officer or other person who comes into contact with a child and who has reason to believe that the child has been abused. For the specified professionals an oral report to either the local department of social services or the local police

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[1]This example is presented to illustrate how a summary of background and procedures might be prepared for a jurisdiction. In this case, the procedures of a county-wide jurisdiction are described. Montgomery County, Maryland, has a population of 500,000 and is largely made up of suburbs of Washington, D.C., but also contains rural areas.

This summary was prepared by Diane D. Broadhurst as a revised and expanded version of a report originally prepared for the Washington (D.C.) Metropolitan Area Council of Governments.

is required to be made as soon as reasonbly possible. The oral report must be followed by a written report to the local department of social services and the State's Attorney within 48 hours of the contact with the child suspected of being abused. In the case of the citizen reporter ("any other person") the required report may be oral, written, or both.

Contents of written reports are specified in the law and include:

1. Name and address of the child (or children)

2. Name and address of the persons responsible for the child's care.

3. Present whereabouts of the child

4. Age of the child

5. Nature and extent of the injuries or sexual abuse, including any evidence of previous injury possibly resulting from prior abuse.

6. Any information available regarding the cause of the injury and the identify of the person responsible therefor.

Immunity from civil liability and criminal penalty is provided to all who report in good faith or who participate in an investigation or judicial proceeding which results from a report.

Reporting Child Neglect

While there is presently no mandate to report suspected child neglect in Maryland, state regulations provide that the local department of social services shall receive and investigate any report of suspected child neglect made to it. Some local jurisdictions have adopted policies mandating the reporting of child neglect as well as abuse, but this practice is by no means universal.

Investigation

The investigation of a report of suspected child abuse is the joint responsibility of the Protective Service Division of the local Department of Social Services (DSS) and the local police. Both agencies normally respond to a report of suspected child abuse. DSS usually responds alone to a reported case of suspected child neglect, unless the neglect is serious (e.g., severe malnutrition, or abandonment of an infant).

A thorough investigation of the report of suspected child abuse must be completed within 10 working days after receipt of the written report. A report from DSS to the local State's Attorney's Office must be forwarded within five days after completion of the investigation. If the local police have participated in the investigation, they too provide a report to the local State's Attorney, who may assist in the investigation, if requested.

Investigation of suspected child neglect must be completed within 30 days. Copies of reports need not be furnished other agencies unless court action is indicated.

Until recently the State of Maryland was unique in having as a part of the child abuse legislation a clause specifically outlining procedures and limits for removal of a child in cases of resistance and without prior approval of the juvenile court. Maryland is one of only a few states to include the right of entry and to provide for the immediate removal of a child in danger of continued abuse. Maryland, at the time of writing, is the only state to include right of entry, right of removal, and a statement of criminal penalty for child abuse in the statute. The inclusion of these three clauses makes the legislation highly accusatory for the suspected abuser, but does provide for optimal protection of the child. The law states that:

> "If in the course of the investigation conducted by the local department of social service...a representative of the department has probable cause to believe that the child or children is or are in serious physical danger and that an emergency situation exists, the representative may enter the household, if the representative has been previously denied the right of entry. A law enforcement officer shall accompany the representative and he may use reasonable force, if necessary, to assure that the representative is able to gain entry. If the danger proves to be genuine, the representative may remove the child or children from the household temporarily without prior approval of the juvenile court."

Court Involvement

Continued absence of the child from the home must be authorized by petitioning the juvenile court on behalf of the child. In some instances, the child is removed only until evidence is provided that improvement in the family situation is occuring.

Few child abuse cases reach the criminal court for prosecution as a felony. The number of cases taken to court and the number of convictions varies significantly among Maryland jurisdictions. Some jurisdictions interpret the accusatory clause of the law strictly; some prefer to avoid prosecution in favor of attempted treatment and rehabilitation.

The Central Registry

Maryland maintains a Central Registry of incidents of suspected child abuse at the Social Services Administration in Baltimore. The Registry has information on child abuse cases dating back to 1967. In 1968, the first full year of data, 418 cases of suspected child abuse were reported. In contrast, 2,115 cases were reported during 1976.

The effects of publicity on the reporting of child abuse cannot be discounted. In the last several years, Maryland has experienced several tragic child abuse cases--bizarre occurrences which received extensive press coverage. On a healthier note, Maryland has also had a number of conferences, workshops, and seminars on child abuse detection and prevention. In addition the state has a federally funded child abuse and neglect resource center which has an active public awareness component.

Procedures Used in Montgomery County, Maryland

Reports of suspected child abuse in Montgomery County have increased steadily over the last five years. In 1972, 22 cases were reported. In 1976, 330 cases were reported, of which 121 were confirmed.

The rapid increase in the number of cases of suspected child abuse is due, in part, to the legislation requiring reporting of all suspected cases and, in part, to increased public awareness of the problem. However, it can be seen that the increase in reported instances increases the caseload, investigation time, and court involvement proportionately.

Reporting

Reports are received through a 24-hour reporting number. During the day, DSS notifies the Juvenile Section of the Montgomery County Police immediately. (Reports which initially go to the Police Department are immediately referred to DSS.) During the night, a DSS worker is stationed at the Juvenile Section to receive reports until midnight. From midnight until the start of the next working day, calls are handled through the County's 911 emergency number and referred to the officer and social worker on call.

Most reports of suspected child abuse are responded to within one hour. The largest number of reports come from the school system which accounts for about a third of all reports received.

(From 1974-1976 the Montgomery County schools had Project PROTECTION, a model program to train educators to recognize and properly refer children who may be abused or neglected. All 7000 professional staff of the Montgomery County schools received this training.)

Investigation

Whether a case of suspected child abuse is reported to the Department of Social Services or to the Juvenile Section of the Montgomery County Police, the report is investigated jointly by a juvenile officer and a social worker. The officer and the worker go where the child is--home, school, hospital, etc.--to assess the child's condition. A determination of risk to the child is made, and if the child is in immediate danger, he is removed from home and placed in protective custody. If injuries are suspected, the child is taken to a medical facility where he is examined and may, if necessary be treated, with or without parental consent, in accordance with Maryland law. The child may also be removed from his parent's care at a later date, if necessary, by petitioning the Juvenile Court.

About two-thirds of the cases have some involvement with the court system: to decide custody of the child; to determine a treatment plan for the family to assure that a child remaining at home will not be further abused; or for indictment. According to Capt. Gabriel LaMastra, former Commander of the Juvenile Section, once an offender is identified and a program of treatment begun, repeat offenses and indictments are rare.

Written reports are submitted to the Office of the State's Attorney following the completion of the investigation. The State's Attorney has the responsibility to decide whether or not a case is to be prosecuted. If it is deemed that court action is necessary, a preliminary hearing can be set in the District Court to review the facts and to attempt to arrange for cooperation between the parents and the Department of Social Services. Only about 5 or 6 cases per year reach the Circuit Court for criminal indictment before the Grand Jury.

Other Services

Montgomery County has a Child Protection Coordinator in the Office of Human Resources who is a consultant to DSS and who chairs an interdisciplinary Child Protection Team. The coordinator is responsible for public information and education on child abuse and neglect and is available to persons and groups interested in child abuse prevention programs.

The interdisciplinary Child Protection Team includes members for DSS, the Health Department, the Juvenile Section, the County Attorney's Office, the public schools, and a psychiatrist in private practice. The team meets weekly to review specific cases and to discuss on-going programs in the county.

Montgomery County also has an Advisory Committee on Child Abuse and Neglect that has been operational for over a year and a half and which replaced the Task Force on Child Abuse, a group which met for three years. The Advisory Committee was formed to review legislation and procedures for child abuse and neglect and to provide a meeting ground for higher-level administrators in agencies concerned with the management of child abuse and neglect. The committee has recently reviewed the problems of abuse in institutional settings, and sexual abuse.

A number of other services are provided by various agencies and organizations in Montgomery County. These include family and adult services available from the Office of Human Resources, and programs available through the Mental Health Association, the Department of Health, and the schools.

10. IACP Training Keys

The IACP Training Key publication series contains at least four issues which may be useful in child abuse and neglect training. Each issue is a concise, six-page discussion of a topic in terms of police officer responsibilities and recommended procedures. The issues of interest here are:

No. 207 Child Abuse
No. 208 Sudden Infant Death Syndrome
No. 209 Crisis Intervention
No. 224 Interviewing the Child Sex Victim

Issue No. 207, Child Abuse, is reprinted here in full. Also, excerpts of No. 208, Sudden Infant Death Syndrome, are presented in the next section of this chapter.

For information on obtaining Training Keys, contact:

Training Key
International Association of Chiefs of Police
Eleven Firstfield Road
Gaithersburg, Maryland 20760
Telephone (301) 948-0922

Child Abuse

Police officers often become involved in child abuse cases because they are the only round-the-clock government service that can provide an immediate response when called. Beyond that, the police have the authority and skills needed to conduct a thorough investigation of the case. In cooperation with other social agencies, the police can contribute much to the detection and investigation of cases of child abuse.

Training Key® #207

Since the early Sixties, research about child abuse has provided the public with a series of grim revelations about the extent and nature of child abuse problems in the United States. Dr. C. Henry Kempe, for instance, identified the "battered child syndrome" in 1962. This was essentially a list of characteristic medical symptoms that could be used by doctors to identify cases of suspected child abuse. Dr. Kempe wrote: "The battered child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death."

Dr. Kempe warned doctors that the battered child syndrome should be considered as a possibility whenever the physician examines a child who exhibits evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings, or skin bruising. He also warned that child abuse should also be considered whenever a child dies suddenly or when the degree and type of injury is at variance with the history given regarding the occurrence of the trauma.

The consequences of abusive treatment go deeper than the physical damage inflicted. Sometimes the long-term psychological damage to the child can be far more serious. Abused children, for instance, rarely consider themselves to be innocent victims of abusive parents. Instead, they tend to accept the view that they are "bad" and deserve the battering. This attitude persists long after the actual battering period and can seriously impair the child's intellectual and emotional development.

Studies have shown that many abusive parents were battered themselves when they were children. When their own battered children mature, indications are that these children will perpetuate this violent cycle by becoming abusive parents. Anything that the police can do to identify abusive parents and prevent the battering of children can contribute to breaking this tragic cycle and avoiding another generation of parents who abuse their children.

Detection Problems

Nothing can be done to protect the child or obtain treatment for the parent until the child abuse problem is recognized and reported. Neighbors of the abused child and medical personnel are often key figures at this first step of the corrective mechanism. Unfortunately, there is often a great deal of reluctance to report suspicions about child abuse.

Some individuals may be confused about their responsibility for reporting suspected abuses. Confusion or hesitancy in this area may be supported by a desire to give the parent the benefit of the doubt. Reasonable uncertainty may also exist about the exact difference between a parent's right to punish an errant child and abusive behavior. Although such questions do raise important legal and moral issues, the reporting responsibility should not be confused with the role of the investigating agencies or the courts. The courts will draw the line between discipline and abuse. The individual who reports a suspected case does not have to make that judgment.

Recent legislation in many states now requires persons who suspect child abuse incidents to make an appropriate report. Professional persons—such as physicians, nurses, social workers, teachers, and others who are in a position to recognize the results of child abuse—are often specifically mentioned in legislation as being *required to report* suspected incidents. Although state laws vary with respect to the age of the child, reportable conditions, authorities to whom the report should be made, and penalties for failure to report, two essential features are usually repeated:

1. A report is required for any case in which there is reasonable cause to suspect child abuse.
2. A provision is included for immunity against civil or criminal liability for persons who report suspected cases in good faith.

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Reporting of suspected child abuse cases is not considered to be accusatory. By making the report nonaccusatory, problems of determining the intent of the perpetrator are avoided. The intent of the legislation is that the report be made at the suspicion stage so that a proper investigation can be conducted before any accusatory action is taken.

It is important to understand that child abuse is not immediately recognizable to medical personnel despite the physical damage inflicted on the child. There is a normal inclination to disbelieve that the same parent who brings the child to the hospital for treatment could be the person who inflicted the injuries. Sometimes the physician prefers to believe that the injury is an isolated, unusual phenomenon. An additional complication is the fact that many abusive parents tend to be highly mobile. They often take the child to different doctors or to different hospitals to receive treatment. Often, no single physician possesses any overall picture or coherent history of repeated incidents.

To combat this situation, several states have introduced legislation that would require a central registry for all reported cases of suspected child abuse. The central registry serves two important functions. First, data are gathered for the purpose of better understanding of the problem and corrective program development. Second, it provides a resource for identifying repeated abuses of the same child or other children in the same family.

Police officers who become involved in child abuse cases should understand that a physician usually cannot state categorically that a child's injuries were caused by abusive treatment. He can only report his nonaccusatory suspicions and testify to the actual injuries he observed upon the child. The suspected abuse must then be investigated.

Recognizing Abuse

Several indicators should arouse the suspicions of police and medical personnel pertaining to child abuse. A prime signal is an injury that is inconsistent with an account given by the parent to explain the injury. A typical example of this kind of incongruity would be a report of a child whose hand was "accidentally scalded by hot water." Lacking from the report is any reason why the child did not take the normal action of withdrawing his hand from the water before it was so severely injured. In this instance, it is reasonable to suspect that someone held the child's hand in the water.

Certain characteristic injuries provide other signals. These would include cigarette burns, distended fingers and limbs, and nonaccidental bruising patterns. The shape of an instrument imprinted on the skin is a frequent indicator of child abuse. For instance, when a lamp cord is looped and used as a whip it will leave a loop scar on the child's back.

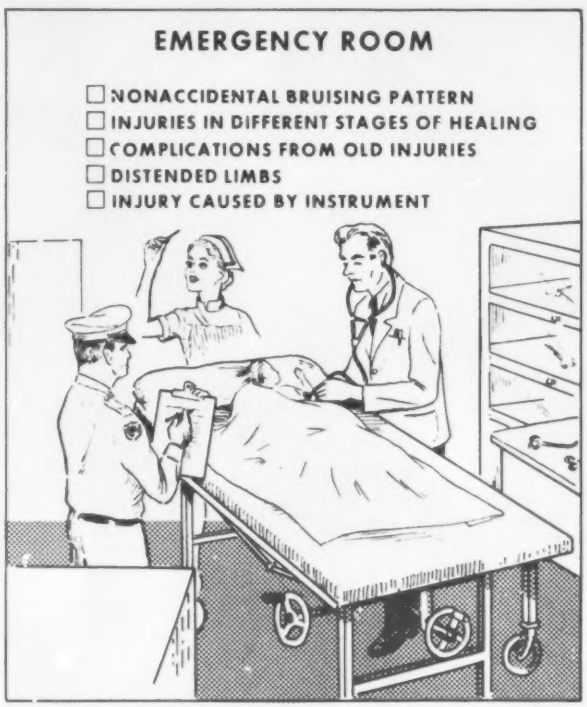
Cases of child torture are publicized widely when they are discovered. These reports have a memorable impact on the public because of the shocking and depraved nature of the crime. Child torture, however, is a relatively rare form of child abuse. More commonly, the abuse takes the form of severe and frequently repeated beatings that go far beyond any normal need for disciplinary punishment. Police officers should suspect child abuse whenever they encounter a child with repeated injuries, injuries in different stages of healing, or complications arising from old injuries that are not adequately explained by the parent.

Another indicator that should arouse suspicions is the attitude or conduct of the parent. The parent may be purposely vague or evasive when explaining how the "accident" occurred. The parent may be reluctant to volunteer information. It has already been noted that the abusive parent frequently takes the child to many different physicians for treatment. If the battered child is taken to a hospital that is located far from his home, this could also be an indicator of abuse.

The child's behavior may also arouse suspicions. Statistically, the vast majority of abused children are under three years old. Nearly half of all reported cases involve children under six months old. Abused or neglected children of this age seldom cry. When they do, it is a hopeless, mournful sound that merely accompanies pain and sorrow. The cry is not urgent. It contains no expectation of comfort or relief. Abused children may also be wary of physical contact with adults. Sometimes the child will exhibit extreme fright, reacting to any physical contact with whimpering or attempts to hide. Others show extreme apathy and unresponsiveness.

Abuse Investigation

The police investigation of suspected child abuse has the primary purpose of protecting the child. A police officer has both the authority and the responsibility to immediately take into custody any children who are found in a situation where they are liable to be subjected to violence or injury. When an officer believes that an


EMERGENCY ROOM
☐ NONACCIDENTAL BRUISING PATTERN
☐ INJURIES IN DIFFERENT STAGES OF HEALING
☐ COMPLICATIONS FROM OLD INJURIES
☐ DISTENDED LIMBS
☐ INJURY CAUSED BY INSTRUMENT

injury to a child was other than accidental, the police officer should consider removing the child from the home to prevent further injuries. If this action is taken, the officer must notify the Department of Child Welfare or other responsible child services agency as quickly as possible.

Second, the officer should collect evidence that can be used to support charges of child abuse against the perpetrators of the crime. The order of importance of these two basic police responsibilities should be kept in mind at all times by the investigating officer. His first mission is to protect the child.

In some cases, such as those requiring emergency hospital treatment, evidence of abuse will be obvious. Photographs should be taken of the injuries. A written description of the injuries and a general statement from the attending physician should be collected. If a known instrument was used to inflict the injury, the instrument should be treated as evidence. It should be photographed, collected, and preserved. The record of the incident should be made as complete as possible.

Nonemergency abuse cases are often more difficult to investigate. Methods of gathering evidence in child abuse cases include numerous interviews with all parties involved in the case, including parents, children, witnesses or the complainant, relatives, and neighbors. These interviews will be supported by a systematic records search and the personal observations of the investigating officer.

If the child is old enough and given the opportunity, he may tell about the abuse. The investigating officer must avoid asking leading questions of a young child during the interview. An older child may be reluctant to answer questions, possibly because he fears eventual retribution from the abusive parent.

The most important interview is that with the suspected parent. The officer should interview each parent separately and be alert to any intentional vagueness or inconsistency of accounts. During the investigative interview, abusive parents may change the time, place, and nature of the accident from that described by them to medical personnel when seeking treatment. Although they may voice considerable concern for the child during the interview, abusive parents may fail to visit the child while he is hospitalized.

Abusive parents cannot be recognized on sight. In many ways, they represent a cross section of the population. They come from all socioeconomic strata; they may be either employed or unemployed; intellectual abilities range from the gifted to the retarded; some have only elementary school educations, whereas others possess advanced college degrees.

Some generalizations, however, can usually be made about abusive parents. The marriage that includes an abusive parent can often be characterized as a desperate, dependent clinging together rather than any positive life-sharing experience. The individuals are usually socially isolated and may be newcomers in the community. Either parent may be the abuser, but the nonabusing parent supports the spouse's action and does not protect the child.

During the interview, an abusive parent may make statements that reveal unrealistic or inappropriate expectations of the child. Abusive parents generally tend to expect behavior from the child that is far beyond the child's chronological age. They often speak of an infant as though he were an adult with a capacity for purposeful, organized behavior. The normal discomforts associated with raising children are often perceived by abusive parents as deliberate schemes to irritate them. Statements such as the following should be viewed as possible indicators of child abuse:

"The child likes to scream . . . He enjoys wetting himself . . . He doesn't want his parents to rest." The investigating officer should include any such unrealistic or inappropriate views in his report. The officer who conducts the preliminary investigation of nonemergency cases should then send his report to the appropriate social service agency as soon as possible so that further investigative and corrective action may be taken.

Multidiscipline Approach

Most legislation identifies the responsibility for handling child abuse cases within the Welfare Department or Social Services Department of state government. These agencies normally include a specialized Child Protective Service that is organized to exercise this responsibility. In fact, however, the handling of child abuse incidents is never entirely entrusted to a single agency. Child protective services customarily utilize skills that are found in the fields of the social services, medicine, law enforcement, and the courts. Churches and private organizations often provide essential resources for child protective service.

The first recorded case of child abuse in which official action was taken occurred in New York in 1874. A little girl named Mary Ellen, age nine, was mistreated and beaten regularly by her parents. A church worker learned of the child's condition and attempted to have Mary Ellen removed from her home environment. In the absence of any law providing specific protection for mistreated children, a group of church workers appealed to the Society for the Prevention of Cruelty to Animals (SPCA). The SPCA intervened on behalf of Mary Ellen and succeeded in removing her from her parents on the grounds that, since she was a member of the animal kingdom, her case could be adjudicated under laws forbidding animal cruelty.

A year later, the first child protective legislation was enacted in the state of New York. This legislation provided the legal base for organizing special agencies to protect the rights of children. In that same year, the Society for the Prevention of Cruelty to Children was created in New York City. Today's voluntary organizations in this field include the Salvation Army, Humane Society, Children's Aid Societies, Child Abuse Prevention Effort, and Family Anonymous. These organizations offer a wide range of educational services related to problems of child abuse. A 24-hour-per-day "hot line" that provides immediate counsel to distraught parents is maintained in some areas.

While private organizations contribute much, the authority to implement the law is naturally vested within agencies of the state and municipal government. The various governmental agencies that handle portions of a child abuse case must work together. Each agency has a separate but overlapping responsibility. The contributions of each are extremely important. Cooperative action and good inter-agency communications are essential ingredients that must be developed for successful handling of child abuse cases.

Police involvement often occurs because the police are the only round-the-clock government service required to provide immediate response to emergency situations. The police officer also has the authority to take a child into

protective custody or to make an arrest when appropriate. Police involvement in nonemergency cases may come about as a result of a complaint that merits investigation or as the result of an officer's own alert observation of neglected or possibly abused children.

Child Neglect

Generally speaking, the term child abuse refers to physical injuries inflicted on a child by an adult. Child neglect refers to willful or negligent failure to provide proper care for a child. Most child abuse cases are accompanied by evidence of child neglect, but the reverse is not always so. Child neglect is far more difficult to identify because it involves some evaluation of the parent's intentions and abilities.

Child neglect occurs because of a parent's unwillingness or inability to adequately provide for a child's healthy growth and development. In emergency cases, such as when a child is discovered starving or forced to sleep in grossly unsanitary conditions, the officer may wish to remove the child from the home for his own protection. More often, a report of the apparent neglect should be promptly sent to social service agencies in the community for further action. Even when a complaint of child neglect seems unjustified, the family will still need or want some kind of help from a public service agency. The police officer should be prepared to take whatever steps are necessary to bring together the family and the helping agency.

Since neglected children are also children who lack proper supervision, police officers are in a position to make contact with the family whenever they handle children who have been found wandering the streets or truant from school. Police officers should take this opportunity to visit the home in order to evaluate possible child neglect. Similarly, visits to a home in response to complaints of a domestic disturbance also offer opportunities to make initial observations with respect to child neglect. Situations indicative of neglect include deprived living conditions, health hazards, and hazards to normal moral and emotional development.

When an officer evaluates the living conditions of a suspected child neglect case, he should consider the complete home environment. Families who are living in burned out or condemned buildings are obviously living in unsafe housing. Consideration should be given to the lack of normal sanitary facilities and water supply. In neglected homes, the only heat during winter months may come from the kitchen stove. The child's sleeping area may be extremely cold. Neglected children are often required to sleep on cold floors or to share a bed with several other children. The bed is often soaked with urine. In grossly neglected homes, human waste may be visible on the floors.

The most obvious physical sign of neglect is malnutrition. Neglected children appear small in stature and obviously undernourished. Although this physical condition could be caused by several medical problems, when the child's appearance is considered in combination with observation of his home environment it could be an indicator of parental neglect.

Certain moral and emotional hazards should also be considered by an officer who is evaluating possible child neglect. Children who are routinely exposed to vice conditions could be considered as neglected. The prostitute mother who brings her customers into the house, for instance, endangers her children by subjecting them to the possibility of sexual assault. Parents who are drug addicts or alcoholics are often incapable of coping with the normal needs of children. The domestic disturbances that periodically disrupt this type of family have a serious effect on the developing child. Often the children of alcoholics or drug addicts are left unattended for long periods of time.

In most cases where child neglect is present, removal of the child from the home is not necessary. Investigation may reveal that the conditions have existed for some time and there is no immediate danger that requires protective custody for the child. When this is the case, the investigating officer should report the results of his investigation to the appropriate social agency so that the family can receive needed help.

Prosecution

The police officer should keep in mind the priorities of his responsibility. First, he must protect the child. Second, he gathers evidence for possible prosecution. When confronted with a case of obvious child abuse, the officer may decide to immediately take the child into protective custody for his own well-being. There is less immediate need to make a quick arrest of the abusing parent. This action would involve a virtually unavoidable prosecution of the case.

In strictly legal terms, prosecution for child abuse is difficult. To sustain the legal burden of proof concerning abuses that normally occur unwitnessed in family surroundings is extremely difficult in all but the worst child abuse cases. It should also be kept in mind that an unsuccessful prosecution may end by subjecting the child to increased hazards. A disturbed parent may view a failure to find him guilty as a license to continue the abuse.

The police officer should keep in mind that the child abuse problem is best handled by a multidisciplinary approach. The resources of law enforcement agencies alone are not adequate to cope effectively with the problem. Therefore, appropriate social service agencies should be contacted before any final decision is made concerning the arrest of the parent.

Many social workers and others who work closely with child abuse cases feel that, whenever possible, it is better to attempt to correct abusive behavior through counseling and other means rather than seek criminal prosecution. Obviously, when such efforts are attempted and fail, prosecution is an acceptable alternative. Whatever the eventual decision made concerning prosecution of abusive parents, it seems appropriate that the decision be made in concert with plans for the care and assistance of the abused child and other children of the family. To that end, it seems the better course for the police officer to delay arrest of the parent, so long as there is no immediate pressing need to make an arrest on the spot. In the interest of maintaining good inter-agency working relationships, and for the purpose of doing what is best for the child, it seems wiser to involve representatives of the appropriate social service agency in the decision whether or not to seek prosecution of the parent.

Discussion Guide

1. The neglected child may be affected physically, morally, and emotionally. When police officers encounter children they should look for certain indications of neglect. During the discussion review these indications.

A. Living Conditions
- . . . Officers should consider the child's complete environment and make a particular effort to avoid associating low income as being synonymous with neglect.
- . . . Burned-out or condemned buildings should be regarded as unsafe housing.
- . . . Unsanitary conditions, such as human and animal waste on the floors, are indicative of neglect.
- . . . Lack of heat in the house during winter months is neglect.
- . . . Danger of fire from open heating units such as buckets of burning wood or coal should be considered as unsafe conditions.
- . . . Children sleeping on cold floors or in beds that are dirty, soiled, and wet with human waste are neglected.
- . . . Infestation of rodents (rats and mice) demonstrates neglected homes.

B. Health Hazards
- . . . Malnutrition of children is indicated by them being underweight and small in stature.
- . . . Although this failure to thrive and grow can be due to a number of medical conditions, most neglected children will appear obviously undernourished.
- . . . When undernourishment is considered in light of the environment, it indicates parental neglect.
- . . . Officers should also be aware of the condition of the food in the house. Usually there will not be any food for the children to eat, and what food there is will be spoiled.
- . . . Medical care provided to the children is an important factor to consider.
- . . . The child's failing to thrive may be due to a legitimate medical condition that a doctor is attempting to cure.
- . . . Neglected children will not be receiving doctor's care.

C. Emotional Hazards
- . . . Children who are continually exposed to vice conditions are considered to be neglected.
- . . . They may be subject to sexual assault by patrons of prostitute mothers.
- . . . They may be beaten or maltreated by alcoholic or drug-addicted parents.
- . . . They may suffer emotionally from family discord.
- . . . They may lack proper supervision, resulting in school truancy, for example.

2. A police officer's first duty in investigating a child abuse case is to consider the welfare of the child. When an officer has reason to believe that injuries to a child are nonaccidental, he can remove the child to prevent further abuse. If injury is likely to occur, again the officer's first consideration is to protect the child. Discuss the following actions:

A. Nonemergency Case
- . . . Observe the physical condition of the child.
- . . . Consider the attitude of the parents toward him.
- . . . Consider the child's general environment including living conditions and health and moral hazards.
- . . . Interview all parties involved including complainants, child, parents, neighbors, relatives, and friends.
- . . . Check records of parents for previous child abuse involvement.
- . . . Check child's medical history for previous indications of abuse. This may require an inquiry to area hospitals and doctors, as well as determination that old and/or repeated injuries are in different stages of healing.
- . . . Evaluate evidence of the abuse to determine if it may continue and endanger the safety of the child.
- . . . Record the incident fully and forward the report to the appropriate social agency.

B. Emergency Case
- . . . Remove child from home if his safety is endangered.
- . . . Ensure that injured child receives immediate medical attention.
- . . . Photograph injuries.
- . . . Write complete report of injuries including physician's remarks.
- . . . Collect physical evidence such as instrument used to inflict injuries.
- . . . Resume normal investigative actions as outlined in nonemergency cases after the emergency conditions have been met.
- . . . Also, check child's medical history for previous indications of abuse.

3. Because police departments are the only governmental organizations capable of making an immediate response to cases of child abuse, police officers are called on to initiate corrective action. Once the child is safe from further harm, other organizations can join the police department in a multidisciplinary approach to solve child abuse problems. Review the types of services provided by such organizations in your jurisdictions. Emphasize the need for cooperation among them.

- . . . Most Welfare Departments have specialized Child Protective Service Units.
- . . . Churches and other private organizations often provide resources.
- . . . Voluntary groups such as the Humane Society, Children's Aid Society, and Family Anonymous provide assistance.
- . . . "Hot Lines" to help counsel parents are available in certain areas on a 24-hour basis.

questions

The following questions are based on material in this Training Key. Select the best answer.

1. The nonaccusatory report of suspected child abuse serves which one of the following purposes?

(a) Parents are unlikely to abuse their child because they do not have a recourse against persons who falsely accuse them.
(b) It makes possible an investigation before any accusatory action is taken.
(c) The intent of the perpetrators is established.
(d) It permits physical examination of the child by a doctor.

2. In obvious child abuse cases, the first job of the police officer is to

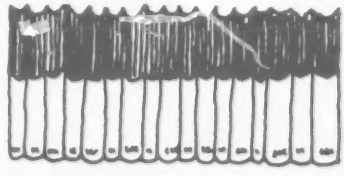
(a) protect the child.
(b) interview the parents.
(c) talk with the child privately.
(d) gather physical evidence.

3. Often abusive parents exhibit certain general characteristics. Which of the following is *not* such a characteristic?

(a) Parents expect child to act like an adult.
(b) Parents perceive child-rearing duties as problems intentionally created by the child.
(c) Parents are not well-educated.
(d) Parents display that they do not have a positive marriage.

answers

1. (b) The intent of nonaccusatory reporting is that the report be made at the suspicion stage so that a proper investigation can be conducted before any accusatory action is taken.
2. (a) The police investigation of suspected child abuse has the primary purpose of protecting the child.
3. (c) Abusive parents represent a cross section of the population and educational achievements.



Have you read...

National Symposium on Child Abuse. The American Humane Association, Children's Division, (Denver, Colorado) 1973.

A collection of papers presented at national meetings to explore on an interdisciplinary basis the problems of child abuse.

Helping the Battered Child and His Family. C. Henry Kempe and Ray E. Helfer (J. B. Lippincott Company, Philadelphia, Pa.) 1972.

This book presents a practical and positive approach to the urgent problem of children who are abused by their parents.

11. Sudden Infant Death Syndrome

The investigator must always consider the possibility of child abuse in cases of infant death. However, he must also be aware of a phenomenon known as "Sudden Infant Death Syndrome" (SIDS).

The following material is a brief treatment to familiarize law enforcement officers with the topic.[1]

What is SIDS?

Every year 8,000 to 10,000 infants in the United States are victims of the Sudden Infant Death Syndrome (SIDS), an unpredictable killer that usually strikes children between the ages of two weeks and four months.

The typical SIDS case involves an apparently healthy infant who has suddenly died overnight in his crib. There has been no attendant illness. There is no indication that the child struggled or cried out while dying. There are no identifiable causal signs of death. The death is a tragic shock to the parents--and a mystery to doctors.

The hypothesis most generally accepted by physicians is that the "death blow" in SIDS is caused by spasms of the larynx (laryngospasm). It is thought that laryngospasm is triggered by a mild, nonspecific virus infection of the upper respiratory tract and possibly by other factors such as neurological maldevelopment.[2] Death usually occurs as the result of complete upper airway obstruction, which takes place suddenly during sleep and evokes from the child a brief, noiseless struggle. Every proven case of SIDS has occurred while the victim was asleep.

Initial Response of the Police Officer

In most jurisdictions, the ambulance services and the police department simultaneously respond to an emergency call of this kind. When the police officer is first to arrive at the scene of an apparent SIDS death, he should immediately, but carefully, initiate resuscitation efforts if the infant does not display the characteristic signs of death.

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[1]This summary is based on IACP Training Key No. 208, "Sudden Infant Death Syndrome".

[2]Abraham B. Bergman, A Study in the Management of Sudden Infant Death Syndrome in the United States (National Institute of Child Health and Human Development), 1972.

The skin of a corpse is extremely pale, and the lips and nails lose color as blood circulation stops. The muscles relax (muscular flaccidity), and the limbs lose their rigidity. If the body is moved, the head has a tendency to dangle, as if the neck were broken. Body waste is expelled. Rigor mortis and post-mortem lividity (settling of the blood), observable signs of certain death, occur more quickly in the case of an infant than in an adult, usually within three hours.

At the same time that the officer is determining whether the infant is dead or alive, he should be noting mentally the general condition of the house, behavior of persons present, position of the body, remarks made by the parents or other witnesses, medical action taken, and other facts related to the incident. At the earliest opportunity, he should record these observations.

Sometimes the position of death is one that is not readily associated with SIDS. For example, if an infant is found wedged in a corner of his crib and fully covered with blankets, parents and officers alike may assume that the child suffocated. Police officers should not be misled by this position, for it has been conclusively demonstrated that a healthy infant cannot smother in his own bedclothes. This position indicates that either someone smothered the child, or the infant was in this unusual position when SIDS struck.

In many cases, a blood-tinged froth is discharged from the infant's nostrils, staining his clothing. Police officers should not mistake this for a sign that fatal internal bleeding has occurred. When the case of death is SIDS, such froth is due to pulmonary edema (accumulation of serous fluid in the lungs).

Interviewing the Parents

The interview following a sudden death is difficult for both the parents and the officer. Parents, as well as other family members, experience intense psychological reactions including extreme shock, guilt, and grief. The officer must be aware of and sensitive to the traumatic condition of the parents; within this framework, he must conduct a proper investigative interview.

Although each parent reacts to the child's death in his or her own way, there are general behavioral characteristics that the officer should expect and be prepared for when interviewing a SIDS family.

Initially, the parents' shock and anguish may leave them temporarily uncommunicative, capable only of expressing the disbelief that their child could have died so suddenly. They may be unable to answer direct, simple questions, and their behavior may be erratic.

Because the origin of SIDS is not known, the parents' sense of loss is followed or accompanied by deep feelings of guilt. They may verbalize this guilt by openly accusing themselves of some form of neglect, such as having overlooked signs of illness or not have exercised proper parental care. When the officer does not suspect neglect or abuse, he should help alleviate the parents' guilt feelings by explaining what is known about SIDS and emphasizing that SIDS is neither preventable nor predictable.

Stating the Cause of Death

A major problem exists with the terminology used in officially listing SIDS as the cause of death. Although the term Sudden Infant Death Syndrome is widely used in current medical literature and almost unanimously accepted by pediatricians, there is a time lag in its universal application within the medical profession.

An incredible variety of terms is used to explain sudden infant deaths. It is common for parents to be given one cause of death by the medical examiner and another cause by the family physician. When terms such as upper respiratory infection or pneumonia are used to identify SIDS, the parents suffer profound guilt because pneumonia, for example, is a disease that can be successfully treated.

The use of substitute terminology for SIDS in stating the cause of death not only emotionally injures or confuses the parents--it also complicates the officer's job. When a medical examiner certifies the cause of an infant's death as being suffocation, for example, there are many investigative ramifications. When the cause of death is SIDS, it should be recorded as such so that the case may be closed. Conversely, when the cause of death is not known or possibly involves parental neglect or abuse, it should not be labeled SIDS just to bring the investigation to an expeditious conclusion.

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